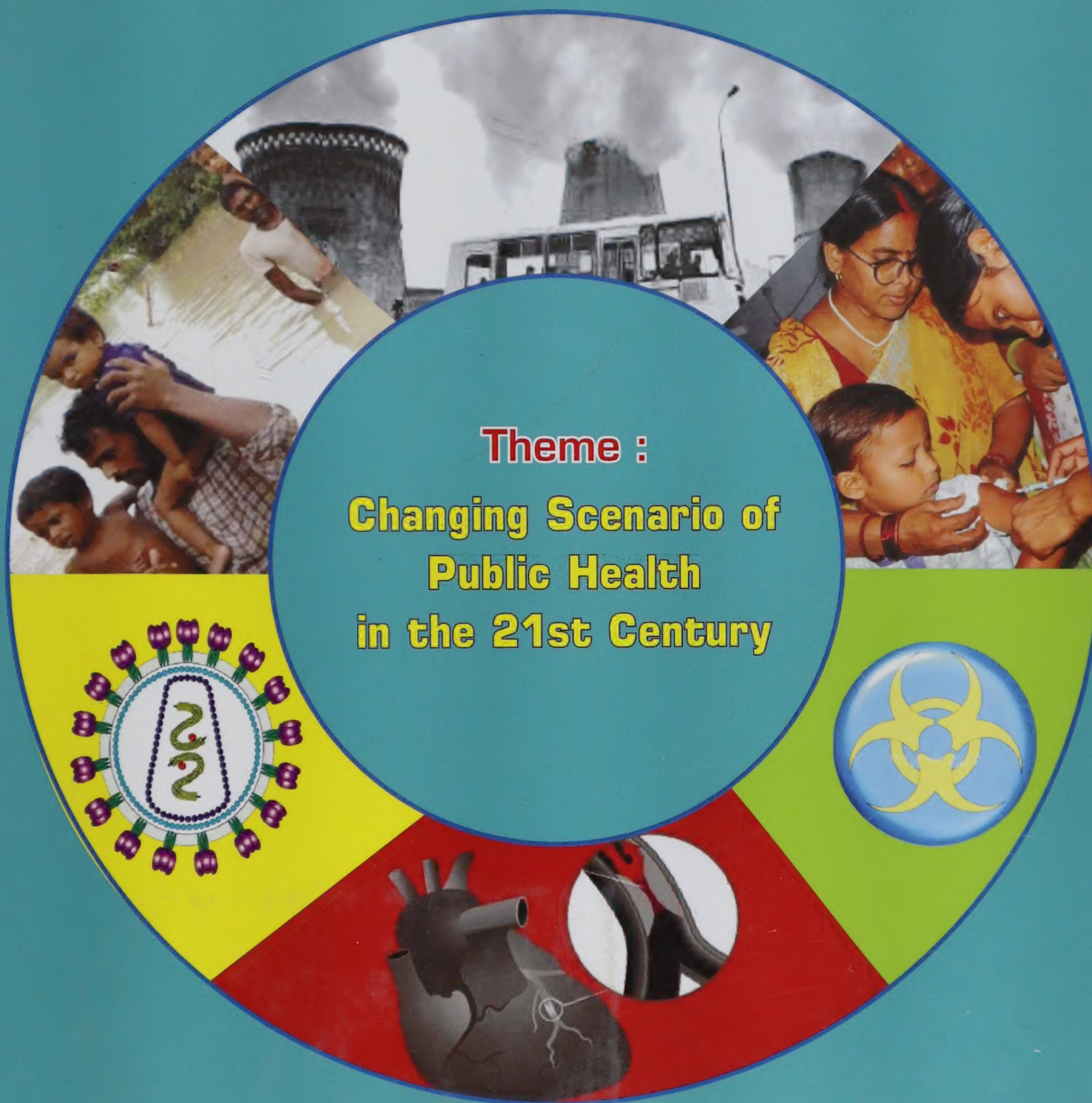




CME Programme & **53rd** National Conference of Indian Public Health Association 8th – 11th January, 2009



Souvenir



Theme :
**Changing Scenario of
Public Health
in the 21st Century**

Organized by:

Department of Community Medicine
Kempegowda Institute of Medical Sciences

Banashankari 2nd Stage, Bangalore 560 070

Phone: 91-80-26712791, 26712792 Fax: 91-80-26712798

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10773

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The Kempegowda Institute of Medical Sciences (KIMS) was established in 1980 and is now 28 years old. The College is recognized by Government of India, Medical Council of India, Government of Karnataka and affiliated to Rajiv Gandhi University of Health Sciences, Bangalore. This Medical school is listed in the directory of World Health Organisation and recognized by General Medical Council, U.K. The Institution provides basic medical training i.e., namely MBBS course and also the following PG Degree and Diploma Courses.

P.G.Degree

M.D. Anatomy
M.D. Biochemistry
M.D. Pharmacology
M.D. Community Medicine
M.D. Pathology
M.D. Microbiology
M.D. Forensic Medicine
M.D. Paediatrics
M.D. Gen. Medicine
M.D. Radiodiagnosis

P.G.Degree

M.D. Psychiatry
M.D. Skin & VD
M.D. Anaesthesiology
M.S. Ophthalmology
M.S. ENT
M.S. Orthopaedics
M.S. Gen. Surgery
M.S. OB&G

P.G.Diploma

DGO
DCH
DOrtho
DOMS
DA
DLO
DCP
DMRD

Ph.D.

Biochemistry
Microbiology
Community Medicine

This Institution and the Management wishes the 53rd Annual National Conference of Indian Public Health Association a grand success.

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Chairman, KIMS Hospital

Dr. M.K. Sudarshan
Principal



CME Programme

&

53rd National conference of Indian
Public Health Association

January 8 -11, 2009



SOUVENIR



Theme:

Changing Scenario of
Public Health in the 21st Century

Organized by:

Department of Community Medicine

Kempegowda Institute of Medical Sciences

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For Accession & etc
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Officer on Special Duty
to Governor



VIDHANA SOUDHA,
BANGALORE - 560 001



MESSAGE

His Excellency the Governor of Karnataka is glad to know that Kempegowda Institute of Medical Sciences (KIMS), Bangalore is organizing 53rd Annual National Conference of Indian Public Health Association, on the 'Changing Scenario of Public Health in the 21st Century' during January 2009.

The conference will provide a useful forum to reputed professionals for exchange of expertise and experience and make their contribution available to others. The endeavour of the association to protect and enrich the public health, to bring into focus issues that impact public health and quality of life and to regulate the fruits of different aspects of medical sciences in order to ensure that these advances work to the benefit of mankind, merits commendation. The Governor hopes that the participants in this conference will be able to successfully deliberate on their chosen themes with a view to alleviate the suffering of people in an effective way.

His Excellency conveys his best wishes for the success of the conference.

(K V JAGANATHA)

Dr. B.S. YEDDYURAPPA
CHIEF MINISTER



VIDHANA SOUDHA,
BANGALORE - 560 001



MESSAGE

It am happy to note that Kempegowda Institute of Medical Sciences (KIMS), Bangalore is organizing 53rd Annual National Conference of Indian Public Health Association (IPHA) from 9th - 11th January, 2009.

The theme of the conference-Changing Scenario of Public Health in the 21st Century-is apt and relevant. I hope that the delegates attending this conference deliberate upon all the relevant issues and come out with suitable proposals. I also hope that the Souvenir to be brought out on this occasion enlightens the readers.

I compliment KIMS for having taken the initiatives to organize this important event.

I wish the conference and the Souvenir all success.

(Dr. B. S. Yeddyurappa)

Dr M K Sudarshan
Principal & Professor, KIMS
Chairman, Organizing Committee
53rd Annual National Conference of IPHA
Bangalore

RAMACHANDRA GOWDA

Minister for Medical Education
Karnataka



VIDHANA SOUDHA,
BANGALORE - 560 001



MESSAGE

I take this opportunity to congratulate Kempegowda Institute of Medical Sciences (KIMS), Bangalore for organizing CME Programme for young professionals & 53rd National Conference of Indian Public Health Association (IPHA) from 8th - 11th January, 2009.

The conference of the theme "Changing Scenario of Public Health in the 21st Century" is relevant & appropriate. The conference is expected to be attended by faculty members from various medical colleges, policy makers & health administrators, paramedical workers, representatives from NGOs and health personnel from all over India & abroad.

I am very glad that this Conference is organized in our state and hope that the outcomes of the conference will benefit in solving the health related problems of common people of this nation.

I wish the conference a grand success.

Sd/-
(Ramachandra Gowda)

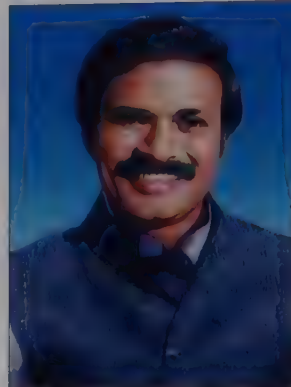
Dr M K Sudarshan
Principal & Professor, KIMS
Chairman, Organizing Committee
53rd Annual National Conference of IPHA
Bangalore

B SREERAMULU

Minister for Health & Family Welfare
Karnataka



VIDHANA SOUDHA,
BANGALORE - 560 001



MESSAGE

I am indeed very happy to note that the Kempegowda Institute of Medical Sciences (KIMS), Bangalore is organizing 53rd Annual National Conference of Indian Public Health Association (IPHA) from 9th - 11th January, 2009

The theme of the conference-Changing Scenario of Public Health in the 21st Century is quite apt. Public health system reduces population's exposure to diseases through such measures as protected water supply, improved sanitation and better health education to the general public.

I hope that the association will continue its efforts in raising the public health standards in the community. I complement the organizers and wish the conference a grand success.

I hope that the delegates attending this conference deliberate upon all the relevant issues and come out with suitable proposals. I also hope that the Souvenir to be brought out on this occasion enlightens the readers.

Sd/-
(B. Sreeramulu)

Dr M K Sudarshan

Principal & Professor, KIMS

Chairman, Organizing Committee

53rd Annual National Conference of IPHA

Bangalore



**World Health
Organization**

Regional Office for South-East Asia

Mahatma Gandhi Marg, Indraprastha Estate, New Delhi-110002, Tel: 91-11-23370804, Fax: 91-11-23370197, www.searo.who.int

53rd Annual National Conference of Indian Public Health Association Bangalore, India, 9–11 January 2009

Message from Dr Samlee Plianbangchang Regional Director, WHO South-East Asia Region



I commend the Indian Public Health Association for choosing the theme “Changing Scenario of Public Health in the 21st Century” for its 53rd National Conference in Bangalore.

The first decade of this century has witnessed many political, economic and socio-cultural changes impacting health at national, regional and global levels. Inequity in health is widening within and across countries. Climate change and the current global financial crisis threaten to further aggravate the situation. Most countries are experiencing the double burden of diseases despite considerable efforts being devoted to control the major communicable diseases like HIV/AIDS, tuberculosis and malaria. Polio is on the verge of eradication, while measles is close to being eliminated. Despite these encouraging developments, emerging infectious diseases such as avian influenza and zoonotic diseases are a great concern. Noncommunicable diseases such as diabetes, cardiovascular diseases and cancer have become a major killer. We therefore need to enhance all prevention and control efforts in this regard. Treatment for these noncommunicable diseases is very expensive and contributes significantly to the spiralling health-care cost.

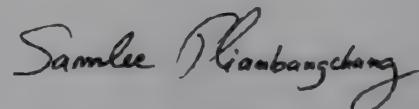
The year 2008 marked the 30th anniversary of the Alma-Ata Declaration on Primary Health Care (PHC). Member States of WHO South-East Asia Region have agreed to revitalize primary health care in order to cope with the unprecedented changing scenarios in health. It is in view of these changing scenarios that all six WHO regions have convened meetings on revitalizing PHC in the recent past. The WHO Regional Office for South-East Asia convened a Regional Conference on Revitalizing PHC in Jakarta, Indonesia in August 2008.

Revitalization of PHC is being implemented through health systems reform. India is in the process of reforming its rural health systems through the National Rural Health Mission (NRHM) that was started in 2005. This endeavour is being supplemented with reform in urban health later. I hope that the Indian Public Health Association has involved itself in this endeavour and will continue to do so. Another important commitment is the health-related Millennium Development Goals that need to be achieved in 2015.

Being the second large populated country in the world and with a multitude of health problems encompassing both communicable and noncommunicable diseases, India needs a lot of public health experts. To reduce this double burden of diseases, public health has to focus on health promotion, and disease prevention and control, while taking into consideration the social determinants of health. Health promotion in particular plays a crucial role in averting various risks to health, such as smoking, alcohol consumption, unhealthy diet and sedentary lifestyle. We certainly have to foster collaboration with the private sector, civil society and community. Revitalization of PHC should take into account these factors that will greatly influence our efforts to achieve universal coverage of health care.

Public health also needs to work closely with other disciplines particularly sociology, anthropology and behavioural sciences. Little attention has been given so far to these fields despite our acknowledgement of their important roles in health development.

I wish you a successful conference. I am confident that your deliberations will bring about much-needed changes in the field of public health.



Samlee Plianbangchang, M.D., Dr.P.H.
Regional Director



**World Health
Organization**



MESSAGE

There is an increasing recognition of the complex determinants that contribute to health. In the context of attainment of the MDGs and revitalizing primary health care, there exists a need for long term efforts to strengthen linkages between workforce, public health infrastructure and public health practice.

The 53rd Annual Conference of the Indian Public Health Association, focusing on "Changing Scenario of Public Health in the 21st Century" is a timely event to look at the modalities in which the education and practice of public health are adapted to contemporary needs. The Conference provides an opportunity to bring together a wide range of public health experts on a common platform to examine how public health education and practice can be reconfigured to meet the emerging global challenges and to ensure that public health responses meet the needs of the community and reach the un-reached. Collectively, we have to draw upon inter-disciplinary research and to undertake relevant multi-sectoral actions.

The WHO is pleased to have partnered with the Indian Public Health Association on this important initiative. The deliberations of the Conference would contribute to providing valuable inputs for future strategic direction in public health.

A handwritten signature in dark ink, appearing to read 'S. J. Habayeb'.

Dr. S. J. Habayeb

WHO Representative to India



Indian Public Health Association

Headquarters Secretariat

110, Chittaranjan Avenue, Kolkata 700 073

Founder Member
World Federation of
Public Health Associations
Washington. DC



MESSAGE

Dear Dr.M.K.Sudharsan,

I am very glad to know that your Institute KIMS is organizing the 53rd Annual conference of Indian Public Health Association at Bangalore in January 2009.

This is a great opportunity for all the members of IPHA and other public health specialists to come together and discuss issues of national relevance.

I am confident the Bangalore weather in January and your Hospitality will make the delegates stay more comfortable and memorable.

The Theme of the conference is more appropriate and relevant to the present day problems of Public health

I wish the conference a great success and may Lord Venkateswara will shower all his divine Blessings on the organizers of this great conference.

With Regards and Best wishes,

Dr. T. S. R. SAI

President Indian Public Health Association &
Vice Principal (Admin), S.V.Medical College,
Tirupati. (AP) – 517507

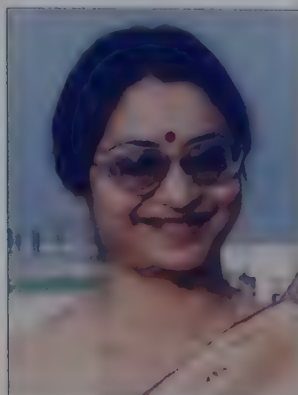


Indian Public Health Association

Headquarters Secretariat

110, Chittaranjan Avenue, Kolkata 700 073

Founder Member
World Federation of
Public Health Associations
Washington, DC



Message from the desk of Secretary General

I would like to congratulate the Organizing Committee of the 53rd National Conference of the Indian Public Health Association for hosting a well planned conference focusing on "Changing Scenario of Public Health in the 21st Century".

I would like to convey my deep appreciation for the sincere & committed efforts of the Faculty and staff of Kempegowda Institute of Medical Sciences, Bangalore along with other Public Health Organizations and Institutions that has made this conference possible.

Dramatic improvements in health have occurred in the last few decades yet differences in life chances still exist in this country. Too many people are still dying or being disabled due to preventable causes.

It is not right that it should be the way it is and it does not have to be this way. The knowledge exists to provide marked improvements in health. As the 20th century drew to an end, it was realized that recent advances in health technology, the changing epidemiological and demographic patterns, the effects of globalization, the changing economic scenario and other factors, poised new challenges to public health forcing a closer look at the public health system. A major outcome was the Calcutta Declaration on Public Health, which focused on promoting public health as a discipline and essential requirement for health development.

It is time to explore new ways, expand our concepts and reorganize ourselves to meet future trends and needs while continuing to tackle the unfinished agenda of public health. Strong efforts are also necessary to strengthen public health career structure and to improve human resource development in public health.

This year's Annual National Conference provides an excellent opportunity for addressing these issues and is expected to evolve fruitful suggestions & recommendations in this regard.

I am sure that our experienced and expert member delegates will actively participate in this conference to meet the challenges of the changing public health scenario in this country.

Wishing the conference a grand success.

Dr. Madhumita Dobe

Secretary General
Indian Public Health Association



Kempegowda Institute of Medical Sciences

[Affiliated to Rajiv Gandhi University of Health Sciences, and Recognized by
Medical Council of India, New Delhi]

Banashankari 2nd stage Bangalore-560 070

Phone: 91-80-26712791, 26712792; Fax: 91-80-26712798

Website: www.kimsbangalore.edu.in; E-mail: mksudarshan@gmail.com



MESSAGE

The Indian Public Health Association [IPHA] is the leading public health nongovernmental organization in the country and responsible for founding the world federation of public health associations. The association has been working in liaison with various international health organizations like UNICEF, WHO, UNFPA, DANIDA, etc and with various departments of the Ministry of Health and Family Welfare of Government of India and different state governments in the country.

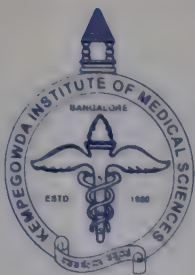
The Kempegowda Institute of Medical Sciences [KIMS], Bangalore is privileged to host the 53rd annual conference of IPHA from 9th to 11th January, 2009 with a preconference continued medical education [CME] programme for the junior professionals on 8th January, 2009. The theme of the conference is aptly chosen as "Changing scenario of public health in the 21st century" with various sub themes. About 600 delegates from all over India are expected to participate in the CME and the conference.

It is sincerely hoped the event provides a platform to the faculty and students from the medical colleges and other institutions, helps in exchanging of views, critical appraisal of the health scenario and the prevailing public health problems and facilitates interaction between the governmental, non governmental and international organizations. Consequently, the deliberations of the conference are expected to benefit both the academicians and practitioners of public health in the country.

All efforts are made to extend good facilities to the guests, invitees and delegates of the conference and to ensure successful conduct of the scientific programme. It is planned to bring out a publication of the proceedings of the programme and later the same will be hosted on the websites of both IPHA and KIMS for the benefit of all public health professionals in the country.

I wish the CME programme and conference all success.

Dr. M. K. Sudarshan, MD [BHU], FAMS
Principal and Professor of Community Medicine
Chairman, 53rd IPHA Conference
Vice- President [South], IPHA



Kempegowda Institute of Medical Sciences

[Affiliated to Rajiv Gandhi University of Health Sciences, and Recognized by
Medical Council of India, New Delhi]

Banashankari 2nd stage Bangalore-560 070

Phone: 91-80-26712791, 26712792; Fax: 91-80-26712798

Website: www.kimsbangalore.edu.in; E-mail: bgparasuramalu@yahoo.co.in



FROM THE DESK OF THE ORGANIZING SECRETARY

On behalf of the organizing committee, I extend hearty welcome to all the delegates to the 53rd Annual National Conference of Indian Public Health Association held at Kempegowda Institute of Medical Sciences (KIMS) from 9th -11th January, 2009 with a pre-conference continued medical education (CME) programme on 8th January, 2009.

I welcome you to Bangalore, the capital of Karnataka, the garden city to attend great academic feast. The three day conference and pre-conference CME provide comprehensive programme on important aspects of the prevailing public health problems.

The deliberations of National and International faculty and participation of delegates will make this conference a great success. I am grateful to them for accepting our invitation to attend the conference.

We have taken sufficient care to make your stay pleasant and comfortable at Bangalore.

I am thankful to my colleagues and co-workers for their untiring help for organizing the conference. I will be failing in my duty if I don't convey my gratitude to our guests, senior authorities for their valuable support. I also thank our sponsors and donor agencies without whose help this conference would not have been possible.

Once again I thank the National and International faculty members, delegates, participants and friends from electronic and print media for attending and making this conference a grand success.

I hope you will find your participation in this conference academically rewarding and will enjoy your stay in Bangalore.

I wish you all Happy and Prosperous New Year 2009.

Dr. B.G. PARASURAMALU
Organizing Secretary

ORGANIZING COMMITTEE



Dr. M. K. Sudarshan



Dr. B. G. Parasuramalu



Dr. Gangaboraiah



Dr. D.H. Ashwath Narayana



Dr. N. R. Ramesh Masthi



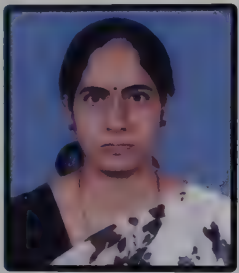
Dr. T. V. Sanjay



Dr. Chitra Nagaraj



Dr. H.S. Ravish



Dr. Jayanthi Srikanth



Dr. B. M. Rudraprasad



Dr. D. M. Koradhanyamath



Dr. K. S. Seema



Dr. R. Reena



Dr. G. Praveen



Dr. G. M. Someshwara



Dr. S. P. Prashanth Kumar



Dr. N. Shakila



Dr. S. G. Kishore



Dr. Girianna Gowda



Mr. Dharamaraj



Mr. M. K. Chandrashekar



Mr. J. Rajesh



Smt. H.C. Shivamma

KIMS: Department of Community Medicine - A Profile

History:

The Department of Community Medicine was started on 1st April, 1981 under the guidance of Dr.M.K.Sudarshan with the objective of providing good quality training in Community Medicine to the Medical students enrolled for MBBS (basic medical degree) and MD (Community Medicine). Since then the department has always remained in the forefront, known for its active role and major initiatives in the Institute. The Department also conducts research activities, training programs and provides preventive and community health services which have benefited the health and welfare of the people. The department was shifted to the new campus at Banashankari 2nd stage in May 2007.

The Department has conducted more than 150 research projects and has more than 100 publications to its credit.

The Department started MD Course in 1992 and has produced seventeen Post Graduates till Date. **Five** of them have secured the **FIRST Rank and one secured Third Rank** in the RGUHS Examinations. The Department is also offering PhD. course under Rajiv Gandhi University of Health Sciences.

Key achievements:

The department has been successful in achieving the following -

- Launch of **Karnataka Association of Community Health** a State level Public Health Association, in June 1985 at KIMS and publication of Karnataka Journal of Community Health during 1985 to 1995.
- **Regional training centre** for the Distance learning programme of Health & Family Welfare Management for Medical Officers of South India under **National Institute of Health and Family Welfare (NIHFW) New Delhi**, since 1993,
- Editorial Office for **Indian Journal of Community Health** (1995 onwards).
- **Kannada Vaidya Sahithya Parishath.**
- Programme study centre for Karnataka and Goa region of **IGNOU** (Government of India) for **Postgraduate Diploma in Maternal and Child Health (PGDMCH)** for Medical Doctors (1997 onwards).
- The Department is the Headquarters of **Association for Prevention and Control of Rabies in India (APCRI).**
- The Department is the Headquarters of **Rabies in Asia (RIA) Foundation.**

Major research projects (Last Five years):

- WHO – APCRI - Indian Rabies Survey.
- EDPS along with John Hopkins, USA.
- Intra Dermal Rabies Vaccine (IDRV) Clinical Trials.
- Clinical Trials of Subcutaneous, Rush and Sublingual Immunotherapy among patients suffering from Nasobronchial Allergies and Chronic Urticaria.
- Prevalence of Food Allergy in Urban Area in association with EUROPREVALL.
- Evaluation of World Bank assisted projects for Government of Karnataka.
- WHO and UNICEF Projects.
- Phase III and IV Clinical Trials of Rabies Vaccines (more than 15).
- Evaluation and Monitoring of National Health Programmes.

Academic activities:

- MD Course since 1992, MCI approved
- PhD Course under Rajiv Gandhi University of Health Sciences.
- Many conferences, workshops, seminars viz., international, national, regional and state level conducted for Medical and Para-Medical personnel.
- WHO Day, World Asthma Day, World Rabies Day and AIDS Day observed regularly every year.
- CME on Medical Statistics for PG's and Staff of Medical Colleges
- Epidemiological and Statistical guidance to PG's and Staff of other disciplines of our College and researchers from various other institutions.
- Conducted Annual conference of Karnataka Association of Community Health in 1985, 1997, and 2007 (3 times).

Special activities:

Anti rabies clinic (ARC):

ARC of the Department situated in KIMSH&RC is providing specialist anti-rabies treatment. This unit is a referral center and many pioneering clinical trials have been conducted on Rabies Vaccines/Immunoglobulins. The Unit is also engaged in CME Programmes, training for medical personnel throughout Karnataka including BBMP Doctors.

Allergy clinic:

Allergy Clinic of the Department is situated in KIMSH&RC. The Activities of this specialty Clinic includes diagnostic procedures like Skin Prick Test, Patch test and therapeutic procedures

like Rush Immunotherapy, Sublingual Immunotherapy and Subcutaneous Immunotherapy to patients with allergic disorders.

Routine activities

Rural Health Training Centre, Kengeri

The Department of Community Medicine runs the Rural Health Training Centre (RHTC). The RHTC is situated at Kengeri about 15 Kms from Bangalore towards Mysore. The Activities include training of undergraduate students, Interns & Post Graduate students, Research Projects, Specialty Clinics etc.

Urban Health Training Centre:

The Department of Community Medicine runs the Urban Health Training Centre (UHTC). The UHTC is situated in Parvathipura, urban poor locality near KIMS Hospital. The activities include training of undergraduate students, Interns & Post Graduate students, Research Projects with focus on MCH and FP, etc

List of Staff Members:

A. Teaching Staff

1. Dr. M.K Sudarshan, Principal and Professor
2. Dr. B.G Parasuramalu, Professor and Head
3. Dr. Gangaboraiah, Associate Professor of Statistics
4. Dr. D.H Ashwath Narayana, Associate Professor
5. Dr. R. Chethana, Associate Professor
6. Dr. N.R Ramesh Masthi, Associate Professor
7. Dr. T.V Sanjay, Assistant Professor
8. Dr. Chitra Nagaraj, Assistant Professor
9. Dr. H.S Ravish, Assistant Professor
10. Dr. Jayanthi Srikanth, Assistant Professor
11. Dr. B.M Rudraprasad, Assistant Professor
12. Dr. D M Koradanyamath, Assistant Professor
13. Dr. K.S Seema, Tutor
14. Dr. R Reena, Tutor
15. Dr. G. Praveen, PG cum Tutor
16. Dr. G.M Someshwar, PG cum Tutor
17. Dr. Prashanth Kumar, PG cum Tutor
18. Dr. Shakila N, PG cum Tutor
19. Dr. Giriyanna Gowda, PG cum Tutor
20. Dr. Kisore S G, PG cum Tutor

B. Non Teaching Staff:

1. Mr. Dharamaraj, MSW
2. Mr. M.K Chandrashekar, HE
3. Mr. J. Rajesh, MSW
4. Mrs. H.C Shivamma, MSW
5. Mr. T. Ramakrishna, Driver
6. Mr. M.K Lingaraju, Driver
7. Mr. H.C Somashekar, Driver
8. Mr. H C Somesha, Driver
9. Mr. Mune Gowda, Driver
10. Mr. Devaraju, Driver
11. Mr. Nanjappa, Driver
12. Mr. M.S Krishnappa, Driver
13. Mr. Narasimha Reddy, Driver
14. Mr. M.C Mudde Gowda, Attender
15. Mr. S. Shivanna, Attender
16. Mr. D. Hanumanthe Gowda, Attender
17. Mr. T. Thimme Gowda, Attender
18. Mr. Somashekar, Attender
19. Mr. Siddalinge Gowda, Attender
20. Mr. Gowdaiah, Cleaner

Organizing Committee

Chairman:	Dr. M K Sudarshan
Organizing Secretary:	Dr. B G Parasuramalu
Joint Secretaries:	Dr. D H Ashwath Narayana Dr. N R Ramesh Masthi
Treasurer:	Dr. H S Ravish
Advisors:	Dr. Shivilal Dr. Deoki Nandan Dr. G Anjaneyulu Dr. G K Ingle Dr. V K Srivastav Dr. D C S Reddy Dr. Sudha Balakrishnan Dr. T S R Sai Dr. S K Ray Dr. C S Pandav Dr. Rajesh Kumar Dr. Madhumita Dobe Dr. Thomas Mathew
Scientific Programme:	Dr. M K Sudarshan Dr. Gangaboraiah Dr. N R Ramesh Masthi
Souvenir:	Dr. Gangaboraiah Dr. G Praveen Dr. S P Prashanth Kumar
Reception:	Dr. B G Parasuramalu Dr. Ravinarayan Dr. T S Chaluvarej Dr. L T Gayatri Dr. H R Rajmohan Dr. G Gururaj Dr. M P Sharada Dr. Dominic Misquith Dr. K Jayanth Kumar Dr. S Pruthvish Dr. K Kishore Dr. G Subramaniam

Dr. Kishore Murthy
Dr. G V Niranjan
Dr. Jayanthi Srikanth
Dr. R Reena
Dr. N Shakila
Mrs. Shivamma

Accommodation:

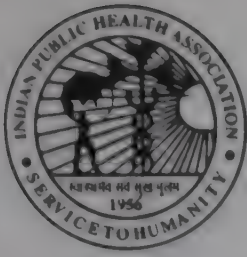
Dr. D H Ashwath Narayana
Dr. Chitra Nagaraj
Dr. G Praveen
Dr. G M Someshwara
Dr. S P Prashanth Kumar

Catering:

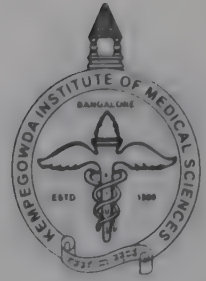
Dr. T V Sanjay
Dr. Giryanna Gowda
Mr. Dharmaraj
Mr. J Rajesh

Travel & Transport:

Dr. B M Rudraprasad
Dr. G M Someshwara
Dr. S G Kishore
Mr. M K Chandrashekar



**Indian Public Health Association
&
Department of Community Medicine
Kempegowda Institute of Medical Sciences**



Invite you to the
Inauguration of CME Programme
on Thursday, 8th January, 2009
at 9.00 AM in the Auditorium (4th Floor), KIMS College
Banashankari 2nd Stage, Bangalore-560070

Chief Guest

Sri. C. Manjunath
Chairman, Governing Council, KIMS College
has kindly consented to inaugurate and deliver the inaugural address

Dr. T. S. R. Sai
President, IPHA
will preside over the function

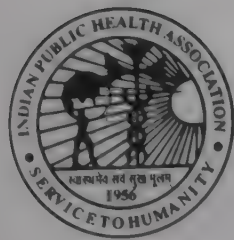
All are welcome

Dr. M. K. Sudarshan
Chairman, Organizing Committee

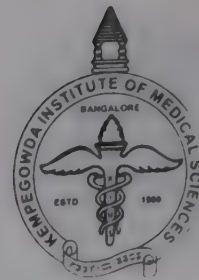
Dr. B. G. Parasuramalu
Organizing Secretary

Programme

9.00 to 9.05 AM	Invocation	
9.05 to 9.10 AM	Welcome address	Dr. M. K. Sudarshan
9.10 to 9.15 AM	About CME programme	Dr. B. G. Parasuramalu
9.15 to 9.20 AM	Inauguration of CME programme	Sri. C. Manjunath
9.20 to 9.25 AM	Presidential speech	Dr. T. S. R. Sai
9.25 to 9.30 AM	Vote of Thanks	Dr. N. R. Ramesh Masthi



**Indian Public Health Association
&
Department of Community Medicine
Kempegowda Institute of Medical Sciences**



**Invite you to the
Inauguration of Scientific Programme**

on Friday, 9th January, 2009

at 9.00 AM at Kuvempu Kalakshetra, KIMS Hospital Campus, V V Puram, Bangalore

Chief Guest

Sri. B. Munegowda
Chairman, KIMS Hospital
has kindly consented to inaugurate and deliver the inaugural address

Guest of honour

Dr. Madhumita Dobe
Secretary General, IPHA

Dr. T. S. R. Sai
President, IPHA
will preside over the function

All are welcome

Dr. M. K. Sudarshan
Chairman, Organizing Committee

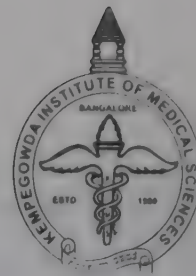
Dr. B. G. Parasuramalu
Organizing Secretary

Programme

9.00 to 9.05 AM	Invocation	
9.05 to 9.10 AM	Welcome address	Dr. B. G. Parasuramalu
9.10 to 9.15 AM	Inauguration of Scientific programme	Sri. B. Munegowda
9.15 to 9.20 AM	Speech by	Dr. Madhumita Dobe
9.20 to 9.25 AM	Presidential speech	Dr. T.S.R Sai
9.25 to 9.30 AM	Vote of Thanks	Dr. D. H. Ashwath Narayana



**Indian Public Health Association
&
Department of Community Medicine
Kempegowda Institute of Medical Sciences**



Invite you to the
Inauguration of 53rd National Conference of IPHA

on Friday, 9th January, 2009

at 7.00 PM at Kuvempu Kalakshetra, KIMS Hospital Campus, VV Puram, Bangalore

Chief Guest

Sri. Ramachandra Gowda

Honourable Minister for Medical Education, Government of Karnataka
has kindly consented to inaugurate and deliver the inaugural address

Guests of Honour

Dr. Shivlal

Special Director General of Health Services, Government of India
and Director, National Institute of Communicable Diseases, Delhi

Dr. Paramita Sudharto

Public Health Administrator, WHO, India Country Office, New Delhi

Sri. B. Kenchappa Gowda

President, Vokkaligara Sangha

Dr. K. Mahadev

General Secretary, Vokkaligara Sangha

Sri. N. Ramesh

Treasurer, Vokkaligara Sangha

Dr. T. S. R. Sai

President, IPHA

Dr. Madhumita Dobe

Secretary General, IPHA

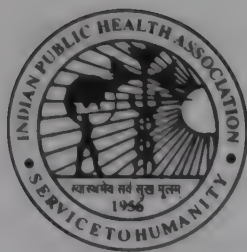
All are welcome

Dr. M. K. Sudarshan
Chairman, Organizing Committee

Dr. B. G. Parasuramalu
Organizing Secretary

Programme

7.00 to 7.05 PM	Invocation	
7.05 to 7.10 PM	Welcome Address	Dr. M. K. Sudarshan
7.10 to 7.15 PM	Presidential speech by	Dr. T. S. R. Sai
7.15 to 7.25 PM	Secretary General address	Dr. Madhumita Dobe
7.25 to 7.30 PM	Inauguration of the conference & Awarding Honorary Fellowship	Sri. Ramachandra Gowda
7.30 to 7.35 PM	Speech by	Dr. Shivlal
7.35 to 7.40 PM	Speech by	Dr. Paramita Sudharto
7.40 to 7.45 PM	Release of Conference Souvenir	Sri. B. Kenchappa Gowda
7.45 to 7.50 PM	Speech by	Dr. K. Mahadev
7.50 to 7.55 PM	Speech by	Sri. N. Ramesh
7.55 to 8.00 PM	Vote of Thanks	Dr. B. G. Parasuramalu



**Indian Public Health Association
&
Department of Community Medicine
Kempegowda Institute of Medical Sciences**



Invite you to the
Valedictory function of 53rd National Conference of IPHA
on Sunday, 11th January, 2009
at 12.00 Noon in the Auditorium (4th Floor), KIMS College
Banashankari 2nd Stage, Bangalore-560070

Chief Guest

Dr. S. K. Ray
Professor of Community Medicine,
KBN Institute of Medical Sciences, Gulbarga
and Formerly Secretary General, IPHA

Dr. T. S. R. Sai
President, IPHA

will preside over the function

All are welcome

Dr. M. K. Sudarshan
Chairman, Organizing Committee

Dr. B. G. Parasuramalu
Organizing Secretary

Programme

12.00 to 12.05 PM	Welcome address	Dr. D. H. Ashwath Narayana
12.05 to 12.10 PM	Speech by	Dr. B. G. Parasuramalu
12.10 to 12.15 PM	Speech by	Dr. S. K. Ray
12.15 to 12.20 PM	Opinion about conference by delegates (2-3)	
12.20 to 12.25 PM	Presidential speech	Dr. T.S.R Sai
12.25 to 12.30 PM	Vote of Thanks	Dr. H. S. Ravish

Acknowledgements

The Organizing committee gratefully acknowledges the help, cooperation and financial assistance received from the following:

WHO-South East Asia Regional Office, New Delhi

Office of WHO representative to India, New Delhi

UNICEF, New Delhi

UNAIDS, New Delhi

UNICEF, Hyderabad

National Vector Borne Diseases Control Programme, Government of India

Employees' State Insurance Corporation (ESIC), New Delhi

Indira Gandhi National Open University (IGNOU), New Delhi

Karnataka State H & FW Society, RNTCP Division, Karnataka

Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka, Bangalore

National Rural Health Mission (NRHM), Govt. of Kerala, Thiruvananthapuram

Indian Institute of Science, Bangalore

National Health Services (NHS), Walsall, UK

Vokkaligara Sangha, Bangalore

St. John's Academy of Medical Sciences, Bangalore

Dr. Anjaneyalu, Hyderabad

Hindustan Unilever Limited, Mumbai

Novartis Vaccines, Mumbai

Sanofi Pasteur, New Delhi

Bharath Biotech International Ltd., Hyderabad

Bharath Serum and Vaccines Ltd., Mumbai

RIA Diagnostics, Bangalore

Synergy Diagnostics, Thane

Sanofi Aventis, Mumbai

Zydus Alidac, Ahmedabad

Sri Siddhartha Academy of Higher Education, Tumkur

Prerana Kidney Stone Centre, KIMS, Bangalore

Punjab National Bank (PNB), Bangalore

Regent Granite India Limited, Bangalore

Srinivas Ultrasound Scanning Centre, Bangalore

Apollo Pharmacy, KIMS, Bangalore

Jenburkt Pharma, Bangalore

Sathya Drug House, Bangalore

RADOCS CT and MRI Centre, KIMS Hospital, Bangalore

Age Industries Pvt. Ltd, Bangalore

Members of the Advisory Committee of 53rd National Conference of IPHA

Members of the Reception Committee of 53rd National Conference of IPHA

All invited Speakers, Chairpersons, Co-chairpersons of Scientific sessions

All the delegates and Co-delegates of the 53rd National Conference of IPHA

The KIMS Volunteers and all others who have directly or indirectly contributed to the success of this conference.

List of registered delegates (as on 31.12.2008)

Sl. No.	Advisors	Sl. No.	Reception Committee Members
1	Dr. Shivilal	14	Dr. Ravinarayan
2	Dr. Deoki Nandan	15	Dr. T. S. Chaluvarej
3	Dr. G Anjaneyulu	16	Dr. L. T. Gayatri
4	Dr. G. K. Ingle	17	Dr. H. R. Rajmohan
5	Dr. V. K. Srivastav	18	Dr. G. Gururaj
6	Dr. D. C. S. Reddy	19	Dr. M. P. Sharada
7	Dr. Sudha Balakrishnan	20	Dr. Dominic Misquith
8	Dr. T. S. R. Sai	21	Dr. K. Jayanth Kumar
9	Dr. S. K. Ray	22	Dr. S. Pruthvish
10	Dr. C. S. Pandav	23	Dr. K. Kishore
11	Dr. Rajesh Kumar	24	Dr. G. Subramaniam
12	Dr. Madhumita Dobe	25	Dr. Kishore Murthy
13	Dr. Thomas Mathew	26	Dr. G. V. Niranjana
ANDHRA PRADESH			
27	Dr. Prashant R. Kokiwar	43	Dr. G. Sudha Rani
28	Dr. R.V.Chandrasekar	44	Dr. Maseer Khan
29	Dr. Shankar Reddy	45	Dr. Mohd Shanawaz
30	Dr. Alwalarajeshwar Rao	46	Dr. Bellara Ragvendra
31	Dr. B. Sashidhar	47	Dr. M Narayanappa
32	Dr. C. Bala Krishna	48	Dr. J. Prabakaran
33	Dr. Kalevaru Chandra Sekhar	49	Dr. N. Shantharam
34	Dr. Kallepally.J.Kishore K	50	Dr. S. Srinivasa Rao
35	Dr. Dondapati.S Sujit Kumar	51	Dr. R. P. Vijayanand
36	Mr. Punna Rangaswamy	52	Dr. Srilata
37	Mr. K. Shivakumar	53	Dr. Pooja Pawar
38	Dr. Eluru Swetha	54	Dr. Rasthon Mondal
39	Dr. Putta Padma	55	Dr. D. Reema Preethi
40	Dr. J. Shyama Sundar	56	Dr. Sigi Swarnalatha
41	Dr. Niraja	57	Dr. J. Ravi Kumar
42	Dr. T. Gowri Devi	58	Dr. R. Pushpanjali

ANDHRA PRADESH			
59	Dr. Prakash Bhatia	94	Dr. Ch Padma
60	Dr. Pravin N. Yerpude	95	Dr. S. D. Prasadh
61	Dr. Keerti Pravin Yerpude	ASSAM	
62	Dr. G. Ravi Prabhu	96	Dr. Ranjumoni Pathak
63	Dr. Bayappa Reddy	97	Dr. (Mrs). Jenitha Baruah
64	Dr. (Mrs) Y. Venkatalaxmi	98	Dr. Tulika Goswami Mahanta
65	Dr. V. Kiran	99	Dr. Alak Barua
66	Dr. Ashok Kumar	100	Dr. Nabanita Nirmolia
67	Dr. V. Venu Gopala Reddy	101	Dr. B Himashree
68	Dr. Venkataramana	102	Dr. C Shashanka Shekhar
69	Dr. Chaitanya Gujjarlupudi	103	Dr. Pranjal Sonowal
70	Dr. Jyothi Canjeevaram	104	Dr. Ankur Phukan
71	Dr. Ashok Shelke	105	Dr. Rupali Baruah
72	Dr. Dhananjay B Naik	106	Dr. Ajanta Deuri
73	Dr. Pournima P Mittakari	107	Dr. Bhabesh Sonowal
74	Dr. P J Srinivas	CHANDIGARH	
75	Dr. Rajinikanth	108	Dr. Manoj Kumar
76	Dr. S. Appala Naidu	109	Dr. Abhisheikh Kumar
77	Dr. P. Sujatha	110	Dr. Gurjeet Kaur
78	Dr. Murali Mohan	111	Harpreet Kaur
79	Mr. K. Ravendraiah Reddy	112	Monika Gusain
80	Dr. R. Geethanjali	113	Rajbir Kaur
81	Dr. S. Murali Madhav	114	Sonam
82	Dr. Suhas Nandgav	115	Tejinder Kaur
83	Dr. Ravindra Sharma	116	Kavya Kriti Kaul
84	Dr. A. Madan Mohan Reddy	117	Dr. A. K. Bhalla
85	Dr. A. Harshavardhan	118	Dr. Sukhwinder Kaur
86	Dr. Kandukuri Praveen Kumar	119	Dr. Vivek Mor
87	Dr. D. Srinivasa Reddy	120	Dr. Monika Walia
88	Dr. K. Sreenath	121	Miss. Bharti
89	Dr. C. Manjunath	122	Dr. Sonu Goel
90	Dr. Mahesh Pulagora	DELHI	
91	Dr. Hareesh Kumar Gundlapalli	123	Dr. G. K. Ingle
92	Dr. Kancharla Hariprasad	124	Mr. Thejus T. Jayakrishnan
93	Dr. G. T. S. Kranthi Kumar	125	Dr. B. B. Agarwal

DELHI		JAMMU & KASHMIR	
126	Mr. Aman Deep	156	Mohd. Sadiq Khan
127	Dr. Gajendra Kumar	157	Dr. Nishi Mishra
128	Dr. D. K. Taneja	KARNATAKA	
129	Dr. Jugal Kishore	158	Dr. A. D. Deva Kumar
130	Dr. Indu Grewal	159	Dr. K. Kartikeyan
131	Miss. Suman Lata	160	Miss. Afrin
132	Dr. S. K. Pradhan	161	Dr. Chythra V. Rao
133	Dr. P Ganeshkumar	162	Dr. Purabi Muban
134	Dr. Vijay Kumar Ramteke	163	Dr. H. Shivappa
135	Dr. Rajiv Kumar Jain	164	Dr. Vasundara
136	Dr. Kiran .Goswami	165	Dr. Dayanand
GOA		166	Dr. Bharatesh
137	Dr. Frederick S. Vaz	167	Dr. U R Dixit
138	Dr. Umesh S Kamat	168	Dr. M. Vinay
GUJRAT		169	Dr. S. Charmaine
139	Dr. Raj Tiwari	170	Miss. Medhavi Honhar
140	Dr. Kishore Tiwari	171	Mr. Akshay Chauhan
141	Dr. Sanjay Kumar Rastogi	172	Mr. Rahul Chopra
142	Dr. Kailash Chandra Gupta	173	Dr. K. Kishore
143	Dr. K. V. Girish	174	Dr. S. V. Divakar
144	Dr. S. R. Tripathi	175	Dr. R. Maheshwaran
145	Dr. Saha Asim	176	Dr. S. N. Lalitha
HARYANA		177	Dr. Margaret Menzil
146	Dr. Puja Dudeja	178	Dr. Amita Kutare
147	Dr. Jagbir Malik	179	Dr. Shilu Cherian
148	Dr. S. C. Dixit	180	Dr. S. Saraswathi
149	Dr. B. M. Vashisht	181	Dr. L. Hamsa
150	Dr. Varun Arora	182	Dr. M. B. Pavithra
151	Dr. Kuldeep Singh	183	Dr. L. N. Deepa
152	Dr. D. R. Gaur	184	Dr. Arvind V. Athavale
153	Dr. Nidhi Chaudhary	185	Miss. Indu Khare
HIMACHAL PRADESH		186	Dr. Nasrin Banu Laskar
154	Dr. Anjali Dewan	187	Dr. R. Manjula
155	Dr. Anmol Gupta	188	Dr. Manasi Jayaprakash
		189	Dr. D. Kiran

KARNATAKA

190	Dr. K Raghavendra Swamy	225	Dr. Deepa Kulkarni
191	Dr. Ashwin Kumar	226	Dr. Kashik Sundar
192	Miss. Sukrita Iyer	227	Dr. C. Shivram
193	Mr. S Divakar Nayak	228	Dr. K. Lalitha
194	Dr. S. Poornima	229	Dr. S. Shalini
195	Dr. I. A. Swathi	230	Dr. K. M. Akshay
196	Dr. P. Mohan Kumar	231	Dr. R. Shankar
197	Dr. J. P. Majra	232	Dr. Manjunath S. Nekar
198	Dr. Mangala Subramanian	233	Dr. S. Anitha
199	Dr. Srinath	234	Dr. C. J. Nirmala
200	Dr. Aswini	235	Dr. P. Pallavi Sarji
201	Dr. B. Kalyan Chakravarthy	236	Dr. B. A. Arvind
202	Dr. G. Nanjappa	237	Dr. H. P. Arundhathi
203	Miss. Anuradha Paradkar	238	Dr. P. Savitha
204	Dr. Sharath Chandra	239	Dr. Pretesh Kiran
205	Dr. Vinay Kumar S. Koparde	240	Dr. M. Bukelo
206	Dr. Mubhashir Angolkar	241	Dr. Deepthi Kiran
207	Dr. A. Santhosh Kumar	242	Dr. M. Shashi Kumar
208	Dr. B. Madhu	243	Dr. Shailendra Kumar Hegde
209	Dr. M. Sumana	244	Dr. Veena G. Kamat
210	Dr. M. S. Rajanna	245	Dr. Lena Ashok
211	Dr. T. S. Ranganath	246	Dr. Shreyas
212	Dr. Ashok	247	Dr. Seetha Lakshmi
213	Dr. M. Renuka	248	Dr. George P. Jacob
214	Dr. Vishweshwarayya N H	249	Dr. Sudhashree C
215	Dr. Ashwini Narasannavar	250	Dr. K. Rohit
216	Dr. Suresh B Paschapur	251	Dr. Shobha S. Karikatti
217	Dr. Seema Huddar	252	Dr. Ravi M. Kadagavi
218	Dr. S. V. Chandrashekar	253	Dr. Prashant P. Savadi
219	Dr. M. Manjunath	254	Dr. K. Kamalnath
220	Dr. B. Girish	255	Dr. B. A. Praveen Kumar
221	Dr. P. Seema	256	Dr. Goutham Babu
222	Dr. Forhad Akhtar Zaman	257	Dr. Sulakshana Prabhu
223	Dr. B. K. Priyadarshini	258	Dr. Rajesh R Kulkarni
224	Dr. P. Jagannath	259	Dr Veena Kabadi

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260	Dr. N. Girish	295	Dr. G. M. Someshwar
261	Dr. H. B. Rajasekhar	296	Dr. G. Praveen
262	Dr. Mahanthesh V. Pujar	297	Dr. N. Shakila
263	Dr. Manjunath R. Biradar	298	Dr. S. P. Prashanth Kumar
264	Dr. Santhosh M. Tavashi	299	Dr. Giriyanna Gowda
265	Dr. Rajashree S. Koppad	300	Dr. S. G. Kishore
266	Dr. Shridevi C. Wali	301	Mr. Dharmaraj
267	Dr. Vijayalaxmi S. Neginhal	302	Mr. M. K. Chandrashekar
268	Dr. Rjeshwari S Neginhal	303	Mr. J. Rajesh
269	Dr. Bhimagowda H. Patil	304	Mrs. D. C. Shivamma
270	Dr. Kavitha R. Pawar	305	Dr. Vishaka
271	Dr. Ravi Kumar A. Joshi	306	Dr. Yashaswini
272	Dr. Baburaddi Kengalagutti	307	Dr. Kiran Rao
273	Dr. Mylarappa J. Basappa	308	Dr. N. S. N. Rao
274	Mr. Nitendra Kumar Chaurasia	KERALA	
275	Mr. Tika Ram Gurung	309	Dr. M. Javed
276	Dr. A. S. Wantamutte	310	Dr. T. Jayakrishnan
277	Dr. (Mrs). Vijayanaik	311	Dr. Biju George
278	Dr. N. Bharath	312	Dr. M. V. Sajna
279	Dr. K. Nagraj	313	Dr. K. V. Jaya
280	Dr. K. H. Naveen	314	Dr. Rini Ravindran
281	Dr. Mallikarjun K. Biradar	315	Ms. Nisha Nandakumar
282	Dr. M. K. Krishna Kumar	316	Dr. S. Aswathy
283	Dr. M. K. Sudarshan	317	Miss. Beteena Kurian
284	Dr. B. G. Parasuramalu	318	Dr. T. D. Gopal Krishnan
285	Dr. Gangaboraiah	319	Dr. Joe Thomas
286	Dr. D. H. Ashwath Narayana	320	Mr. David K Simson
287	Dr. N. R. Ramesh Masthi	321	Dr. Sara Warghese
288	Dr. Koradanyamath	322	Dr. Regi Jose
289	Dr. T. V. Sanjay	323	Dr. K. Kumaresan
290	Dr. H. S. Ravish	324	Dr. Sheela P. Haveri
291	Dr. Chitra Nagaraj	MADHYA PRADESH	
292	Dr. Jayanthi Srikanth	325	Dr. Ashutosh Garg
293	Dr. B. M. Rudra prasad	326	Dr. Shankar Dayal
294	Dr. R. Reena	327	Dr. R. V. Iyer

MADHYA PRADESH		MAHRASHTRA	
328	Dr. Vishal Diwan	362	Dr. Rakesh Kumar
MAHRASHTRA		363	Dr. Jitendra Kumar
329	Dr. Amitav Banerjee	364	Dr. Pravin Pisudde
330	Dr. Anand Tatte	365	Dr. Manish Taywade
331	Dr. Lale Swapnil Vishnu	366	Dr. Manoj Tallapalliwar
332	Dr. Rajiv C. Yeravdekar	367	Dr. Ashok M. Mehendale
333	Dr. D. S. Bhide	368	Dr. D. G. Dambhare
334	Dr. B. S. Nasir	369	Lt. Col. Rakesh Kumar Khajuria
335	Dr. S. S. Dodwad	370	Dr. N. K. Deepal
336	Dr. Tilak Rina	371	Dr. S. V. Akarte
337	Dr. (Col.) Amitava Datta	372	Dr. Lalit Sankhe
338	Dr. Joge Umesh	373	Dr. Dipak Chavan
339	Dr. S. G. Soundale	374	Dr. M. K. Deotale
340	Dr. Manoj Pal	375	Dr. C. M. Gedam
341	Dr. Abhay Mudey	376	Dr. R. Sureka.Sain
342	Dr. Gargi Mudey	377	Dr. Priya Warbhe
343	Dr. (Col.) Hans Raj	378	Dr. Shakila Mulla
344	Dr. Pankag Raut	379	Dr. Radhakrishna Biradar
345	Dr. Gadekar Rambhau	380	Dr. Nilesh P Bendale
346	Dr. Rajesh C. Sambutwad	381	Dr. P. Garhwal
347	Miss. Shubhra More	382	Dr. Sanjeev Wamanrao Kamble
348	Miss. Neha jain	383	Dr. Muralidhar Tambe
349	Dr. Neeti Andersahare	ORISSA	
350	Dr. R. C. Goyal	384	Dr. K. Janardhan Rao
351	Mrs. B. R. Goyal	385	Dr. S. Siddhartha Sankar Reddy
352	Dr. K. Malthi	386	Dr. Trilochan Sahu
353	Dr. Sonali Borkar	387	Dr. Durga M. Satapathy
354	Dr. Wanje Sudhir Dnanoba	388	Dr. Ashwini Kumar Pratap
355	Dr. N. R. Aswar	389	Dr. Tapas R. Behera
356	Dr. V. K. Sonkar	390	Dr. P.K. Satapathy
357	Dr. Ismail Ali Inamdar	391	Dr. Raghunath Sabat
358	Dr. G. H . Thite	392	Dr. (Mrs.) Bhagyalakshmi Sabat
359	Dr. N. N. Palve	PUDICHERRY	
360	Dr. P. D. Kanade	393	Dr. T. Mahalakshmy
361	Dr. S. S. Kaku	394	Dr. D. R. Veda Priya

PUDICHERRY		TAMIL NADU	
395	Dr. Kavita Vasudewan	426	Mrs. Karpagam
396	Dr. Bala Soudarssanane	427	Dr. (Col.) A. L. Sharma
397	Dr. Lopamudra	428	Dr. Vasantha Elango
398	Dr. L. Subitha	429	Miss. Madhu Rajeshwari
399	Dr. Sumanth	430	Dr. Jeyamohan
400	Dr. T. Susila	431	Dr. Vanishree Shriraam
401	Dr. George Ipe Vettiyil	432	Mr. M. Puneet
402	Dr. (Brig) Zile Singh	433	Dr. A. Subramanian
403	Dr. J. Bazroy	434	Dr. J. Annaiappan
404	Dr. B. Janani	435	Dr. A. Jagannathan
405	Dr. G. Jahnave	436	Dr. A. Kalaivani
406	Dr. A. Jayapratha	437	Dr. Kalyani
PUNJAB		438	Dr. Md. Ibrahim
407	Dr. Preeti Padda	439	Dr. K. Sunitha
408	Dr. Gurmeet Singh	440	Dr. Mohan Siddharth
409	Harbhajan Singh Bedi	441	Dr. S. Soundammal
410	Dr. Navpreet	442	Dr. S. Dhanalaxmi
411	Dr. Neetu	443	Dr. Charles Ponruban
RAJASTHAN		444	Dr. K. R. Sowmya
412	Miss. Jaspreet Mahal	445	Dr. P. Aruna
413	Dr. S. K. Patodi	446	Dr. P. Santhana Gopal
414	Dr. Shilpi Sharma	447	Dr. R. Anuradha
415	Dr. Gautam Bandyopadhyay	448	Dr. Shivamani
SIKKIM		UTTAR PRADESH	
416	Dr. Namgay Shenga	449	Dr. Sandip Kumar
417	Dr. Melozina Leezum Lepcha	450	Dr. Shailesh Kumar Suman
418	Dr.(Col.) R. P. Singh	451	Dr. Singh Manish Kumar
419	Dr. Sachi Nandan Das	452	Dr. Renu Agarwal
TAMIL NADU		453	Dr. Govind Swarup
420	Dr. I. Selvaraj	454	Dr. Anjali Jain
421	Dr. P. Ravishankar	455	Dr. Akhtar Hussain
422	Dr. V. V. Anantharaman	456	Dr. Sanjay Kumar Jha
423	Dr. P. B. Pillai	457	Dr. K. P. Singh.
424	Mrs. Jeyanthi Shanmugan	458	Dr. Shalini Singh
425	Mrs. I. Karpaga Lakshmi	459	Dr. Khursheed Muzammil

UTTAR PRADESH		WEST BENGAL	
460	Dr. Nimisha Goel	484	Asit Kumar Das
461	Dr. Sumit Dixit	485	Tapan Kumar Dutta
462	Dr. Nazish Rasheed	486	Manoj Kanti De
463	Dr. Sakeena Mushfiq	487	Ramnarayan Mandal
464	Dr. Ehtesham Waquarib	488	Ajit Kumar Sur
465	Dr. Amit Kaushik	491	Dr. Agnihotri Bhattacharya
466	Dr. Zulfia Khan	492	Dr. Sheshadri Kole
467	Dr. Priyanka Kesarwani	493	Mrs. Manisha Kar
468	Dr. Abdul Razzaque Sidhiqui	494	Santi Sarkar
469	Dr. S. Riyaz Ahamed	495	Dr. Samir Das Gupta
470	Dr. C.M. Singh	496	Dr. Kuntal Biswas
471	Dr. Sangeetha Kansal	497	Dr.R. K. Gupta
472	Dr. Mohd. Haroon Khan	498	Mr. Chim Chaudhary
UTTARAKHAND		499	Deepak Chaudhary
473	Dr. A. K. Srivastava	500	Dr. Dilip Kumar Das
474	Dr. Ruchi Juyal	501	Dr. Bandana Roy
475	Dr. Meenakshi Singh	502	Dr. Manju Chatterjee
476	Dr. Pradeep Aggarwal	503	Dr. S. S. Basu
477	Dr. Parul Sharma	504	Dr. Surajit Ghosh
478	Dr. Shalini Vyas	505	Dr. Sanghamitra Ghosh
WEST BENGAL		506	Amal Kr Basu
479	Dr. Sampa Mitra	507	Dr. Amitava Chakraborty
480	Dr. Santanu Ghosh	508	Dr. Nasima Khondker
481	Dr. Rabindra Nath Pradhan	509	Dr. Ranjit Kumar Das
482	Dr. Debapriya sengupta	510	Dr. Mihir Kumar Choudhary
483	Dr. Najrul Islam	511	Dr. Suman De Pouse

Programme Copy (Tentative as on 01/01/09)
Pre Conference CME

Day & Date : Thursday, 08-01-2009

Venue : Auditorium (4th Floor), Kempegowda Institute of Medical Sciences College,
Banashankari 2nd Stage, Bangalore-70

08.30 AM to 09.00 AM	Registration	
09.00 AM to 09.30 AM	Inauguration of CME Programme	
09.30 AM to 11.00 AM	Session-I: Sponsored by WHO, India Country Office Avian / Pandemic Influenza (AI/PI) Preparedness Chairperson : Dr N Devadasan, Director Institute of Public Health, Bangalore Co-Chairperson: Dr K Kishore, Dr B R Ambedkar Medical College, Bangalore	
09.30AM to 10.15 AM	AI/PI Overview and Global Preparedness	Dr. Sampath K Krishnan WHO Cluster Coordinator CDS,
10.15 AM to 11.00 AM	AI/PI Preparedness in India	Dr. P Ravindran Director, Emergency Medical Relief, DGHS, MOHFW, Delhi.
11.00 AM to 11.30AM	<i>High Tea</i>	
11.30 AM to 12.30 PM	Session-II : Sponsored by Novartis Vaccines Organized by: Rabies in Asia (RIA) Foundation Intra Dermal Rabies Vaccination Chairperson: Dr. Thomas Mathew, Professor & HOD of Community Medicine, TDMC, Alappuzha & Nodal officer, IDRV, Kerala. Co-Chairperson: Dr D H Ashwath Narayana, Associate Professor of Community Medicine, KIMS, Bangalore.	
11.30 AM to 11.45 AM	Intradermal Rabies Vaccination	Dr. S N Madhusudana Addl. Professor of Neurovirology, NIMHANS, Bangalore
11.45 AM to 11.55 AM	National Guidelines for Implementation of IDRV	Dr. M K Sudarshan Principal & Professor of Community Medicine, KIMS, Bangalore.
11.55 AM to 12.05 PM	Current scenario of IDRV in India	Dr. B R Harish Associate Professor of Community Medicine, MIMS, Mandya
12.05 PM to 12.15 PM	Video on IDRV (Chiron Vaccines)	
12.15 PM to 12.30 PM	Question & Answers	
12.30 PM to 01.00 PM	Session III : Sponsored by UNICEF, New Delhi Micronutrient Malnutrition in India - Challenges of Implementation. Chairperson : Co-Chairperson :	
		Dr. C S Pandav Professor & HOD Department of Community Medicine, AIIMS, New Delhi
01.00 PM to 02.00 PM	<i>Lunch</i>	
02.00 PM to 03.00 PM	Session IV: Sponsored by RNTCP Division, Govt. of Karnataka Global & National Overview; Stop TB strategy & Recent updates in RNTCP Chairperson : Dr B. Mahadev, Chief Medical Officer, National Tuberculosis Institute ,Bangalore Co-Chairperson:	
		Dr. H R Raveendra Reddy , Medical Consultant, RNTCP, WHO
03.00 PM to 03.30 PM	<i>Coffee/Tea</i>	

03.30 PM to 04.30 PM	Session V	
03.30 PM to 04.00 PM	Successful examples of Communicable Disease Control in South East Asia-Lessons Learnt Chairperson: Co-Chairperson:	Dr. Derek Lobo, Former Regional Advisor, WHO-SEARO
04.00 PM to 04.30 PM	Development of Performance Indicators	Dr. Anandagiri NHS, Walsall, UK
06.00 PM Onwards	Central Council Meeting	

53rd Annual National Conference of IPHA

Day & Date : Friday, 09-01-2009

Venue : Auditorium, Kempegowda Institute of Medical Sciences Hospital,
V. V. Puram , Bangalore-4

08.00 AM to 09.00 AM	Registration	
09.00 AM to 09.30 AM	Inauguration of scientific programme	
09.30 AM to 10.00 AM	Dr. B C Das Gupta Memorial Oration Chairperson: Co-Chairperson:	Orator: Dr. F U Ahmed Chairman, Indian Academy of Public Health. Principal & Dean, Apollo Medical College, Hyderabad
10.00 AM to 10.30 AM	Dr. J E Park Memorial Oration	Orator: Dr B C Das, Principal, Kalinga Institute of Medical Sciences, Bhubaneswar, Orissa
10.30 AM to 11.00 AM	<i>High Tea</i>	
11.00 AM to 12.00 PM	Session – I : Sponsored by UNAIDS Using the public health approach in HIV for district capacity building Chairpersons : Prof. I C Tewari (former health advisor, National Planning Commission) Co-Chairperson : Dr. Faroqui ,Chairman ,IAPH, Principal & Dean , AMC, Hyderabad	
11.00AM to 11.15 AM	The public health approach to HIV in capacity building of districts and the Integrated Management of Adult and Adolescent Illness (IMAI) framework	Dr K. Karthikeyan Former Training Consultant, WHO India & Technical Director Care & Support, Engender Health
	Experience from districts	
11.15AM to 11.25 AM	a) Davangere	Dr. Balu, KHPT
11.25AM to 11.35 AM	b) Karur	Dr. L Ramakrishnan, SAATHI
11.35AM to 11.45 AM	Key findings of the evaluation of IMAI approach in districts	Dr Shilpa Modi
11.45 AM & 11.55 AM	General Discussion	
11.55 AM & 12.00 Noon	Conclusion	
12.00 PM to 01.00 PM	Session – II: Sponsored by UNAIDS Indian HIV surveillance, estimations and projections Chairpersons : Dr. V M Gupta , Former Professor & HOD of Community Medicine, IMS, BHU, Varanasi Co-Chairperson: Dr. R Meera , Epidemiologist, PSG Medial College, Coimbatore, TN	
12.00 PM to 12.15 PM	Current surveillance methods	Dr Battarcharya
12.15 PM to 12.30 PM	Revised estimations methodologies	Dr Arvind Pandey
12.30 PM to 12.40 PM	Implications of new estimates	Dr DCS Reddy, WHO, India
12.40 AM to 12.50 PM	Recommendations from the WHO International Consultation on Indian surveillance system, April 2008	Dr Partho Haldar, WHO India
12.50 AM to 12.55 PM	General discussion	
12.55AM to 01.00 PM	Conclusion	
01.00PM to 02.00PM	<i>Lunch</i>	

02.00 PM to 03.30 PM	Session – III: Sponsored by WHO-SEARO	
	Newer challenges to Public Health Chairperson: Dr Jai P Narain, Director, Communicable Diseases, WHO SEARO, New Delhi Co-Chairperson:	
02.00PM to 02.30 PM	Climate change and it's impact on health: strategies for adaptation.	Dr. Rajesh Bhatia WHO-SEARO
02.30PM to 03.00 PM	The challenge of emerging and re-emerging vector borne diseases: need for an integrated and coordinated action.	Dr. A P Dash Director, National Malaria Research Institute, Delhi
03.00PM to 03.30 PM	Acute diarrhea and respiratory infections: story of a huge but unfortunately neglected health problem.	Dr. Madhu Ghimere, WHO -SEARO
03.30 PM to 04.00PM	<i>High Tea</i>	
04.00 PM to 05.00 PM	Session - IV : Sponsored by UNICEF, New Delhi	
	IMNCI Chairperson: Dr G K Ingle , Director & HOD, MAMC, New Delhi Co-Chairperson:	
04.00 PM to 04.30PM	Current scenario and role of Medical College Community Medicine departments in supporting IMNCI	Dr. K Harish Health Specialist, Child Survival, UNICEF, New Delhi
04.30 PM to 05.00PM	Reducing Measles Mortality –Second Opportunity	Dr. Satish K Gupta Health Specialist, Immunization, UNICEF, New Delhi
5.00 PM to 06.00 PM	Session-V : Sponsored by National Health Service (NHS), Walsall, United Kingdom	
	Sharing Public Health Good Practice Chairpersons: Co-Chairperson:	
5.00 PM to 05.20 PM	Organization and delivery of health services at a district level in the United Kingdom.	Mr. Paul Jennings, Chief Executive Officer, NHS, Walsall.
5.20 PM to 05.40 PM	Specialist Children's hospital in the wider public health agenda	Ms. Joanna Davis, Chairman, Princess Diana Children's Hospital Foundation Trust, Birmingham,
5.40 PM to 06.00 PM	Tackling obesity epidemic in Walsall	Dr. Sam Ramaiah, Director of Public Health and Medical Director, NHS, Walsall
06.00 PM to 07.00 PM	General Body Meeting	
07.00 PM to 08.00 PM	Inaugural Function	
08.00 PM Onwards	<i>Dinner</i>	

53rd Annual National Conference of IPHA

Day & Date : Saturday, 10-01-2009
Venue : Auditorium 4th Floor, Kempegowda Institute of Medical Sciences, College, Banashankari 2nd stage, Bangalore-70

09.00 AM to 09.30 AM	Dr. K N Rao Memorial Oration Chairperson: Dr Satish Kumar , State representative, UNICEF office for TN & Kerala. Co-Chairperson: Dr S Veugopala Reddy , Professor of Community Medicine, Narayana Medical College, Nellore, AP	Orator: Dr. V. Chandrasekhar Professor & Head of Community Medicine, Rangaraya Medical College, Kakinada, AP
09.30 AM to 10.00 AM	Dr. Saha Memorial Oration	Orator: Dr. Sanjay Zodpey Director, Public Health Education, Public Health Foundation of India, New Delhi
10.00 AM to 11.00 AM	Session – VI: Sponsored by UNICEF, Hyderabad PPTCT Programme Chairperson: Dr F U Ahmed , Chairman, Indian Academy of Public Health. Principal & Dean, Apollo Medical College, Hyderabad. Co-Chairperson:	
	An overview of PPTCT program in AP	Dr. Sudha Balakrishnan , HIV/AIDS specialist, UNICEF, Hyderabad
	Quantitative survey	Dr. Sandip Kumar Ray , Professor of Community Medicine, KBNIMS, Gulbarga.
	Qualitative survey	Dr Madhumita Dobe , Secretary General, IPHA
	ORWs knowledge evaluation	Dr F Zaman, Dr Nasrin Banu Laskar, Dr Purabi Phukan
11.00 AM to 11.30 AM	<i>High Tea</i>	
11.30 AM to 12.30 PM	Session- VII: Sponsored by WHO-India Country Office Climate change and Health Chairperson: Mr. Alexander Hilderbrand , WHO Regional Adviser SEARO Co-Chairperson:	
11.30 AM to 12.00 PM	Climate Change and its Impact on Respiratory Diseases	Dr. P K Nag , Director, NIOH, Ahmedabad
12.00 PM to 12.30 PM	Climate Change and Disasters	Mr. A K Sengupta WHO Cluster Coordinator SDE, New Delhi
12.30 PM to 01.30 PM	Session – VIII: Sponsored by WHO-India Country Office Human resources in Public Health Chairpersons: Dr Sampath K Krishnan WHO Cluster Coordinator CDS Co-Chairperson:	
12.30 PM to 01.00 PM	Public Health Professionals in India-Career Prospects	Mr. Sunil Nandraj WHO Cluster Coordinator HSD, New Delhi
01.00 PM to 01.30 PM	Public Health Workforce in India	Dr. N Devadasan Director, Institute of Public Health, Bangalore.
01.30 PM to 02.15 PM	<i>Lunch</i>	

02.15 PM to 03.00 PM	Session – IX: Sponsored by Sanofi Pasteur Chairperson: Co-Chairperson:	
02.15 PM to 02.45 PM	Injectable Polio Vaccine (IPV)	Dr. Subodh Bhardwaj Director– Scientific Affairs, Vaccine Policy and Regulatory Affairs, Sanofi Pasteur India Pvt. Ltd.
02.45 PM to 03.00 PM	Pneumococcal vaccine in High Risk Patients	Dr. Vipul Shandilya Manager Medical Services, Sanofi Pasteur, India
03.00 PM to 4.30 PM	Oral Paper Session: I-VIII Auditorium, Lecture Hall -1, 2 & 3, Department Seminar Hall-1, 2, 3 Medical Education Unit.	Poster Presentation: Community Medicine- Department Practical Hall.
04.30 PM to 05.00 PM	<i>Coffee/Tea</i>	
05.00 PM to 06.30 PM	Oral Paper Session: IX-XVI Auditorium, Lecture Hall -1, 2 & 3, Department Seminar Hall-1, 2, 3 Medical Education Unit.	
06.30 PM to 07.30 PM	Editorial Board Meeting	
07.30 PM Onwards	<i>Dinner</i>	

53rd Annual National Conference of IPHA Conference

Day & Date : Sunday, 11-01-2009

Venue : Auditorium, 4th Floor, Kempegowda Institute of Medical
Sciences, College, Banashankari 2nd Stage, Bangalore-70.

09.00 AM to 9.30 AM	Dr. J K Sehgal Memorial Oration Chairperson: Co-Chairperson:	Dr. P L Joshi Deputy Director General- Leprosy, MOHFW, Government of India, New Delhi
9.30 AM to 10.15 AM	Session – X: Sponsored by National Vector Borne Diseases Control Programme, MOH & FW, Govt. of India	
	Chairperson: Dr. Shymal Biswas , Joint Director, Plague Surveillance Unit, NICD, Bangalore	
	Co-Chairperson: National Vector Borne Disease Control Programme	Dr. C Nagaraj Research Officer, Regional Office of Health & Family Welfare, Govt. of India, Bangalore
10.15 AM to 10.45 AM	Session – XI: Sponsored by Hindustan Unilever	
	Chairman: Dr B G Parasuramalu , Professor & HOD of Community Medicine, KIMS, Bangalore	
	Co-Chairman: Microbiological Water Purifier Designed for Household use in Developing Countries: Performance, Health Impact and Scaling Up	Dr. Suresh Nadakatti Principal Research Scientist Hindustan Unilever Ltd
10.45 AM to 11.15 AM	<i>Coffee/ Tea</i>	
11.15 AM to 11.45 AM	Award Session: P C Sen Award Paper (Rural Health Practice) Chairperson: Co-Chairperson:	
11.45 AM – 12.15 PM	Valedictory Function	
12.15 PM onwards	<i>Lunch</i>	

ORAL PAPER SESSION-I

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 03.00 PM to 04.30 PM
 Theme : Reproductive & Child Health
 Venue : Auditorium, 4th floor, KIMS College, Banashankari
 Chairperson :

Sl.No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	4	Dr.A.KBhalla.	Physical growth and sexual maturity in mild to moderately malnourished rural girls.
2	17	Dr.R.C.Goyal	What is the prevalence of anaemia among females in reproductive age group?
3	18	Dr.P.R.Kokiwar	Profile of ANC's Attending ICTC at CAIMS.
4	19	Dr.Col.Amitava Datta	Well women clinics: need for proactive approach in women's health.
5	25	Dr.D.B.Naik	Review of under-five mortality at Rajiv Gandhi Institute Medical Sciences.
6	28	Dr.Rini Ravindran	A study on the unmet need of contraception in rural area of Davangere taluk and pattern of adoption of contraceptive methods.
7	30	Dr.T.G.Mahant	Baseline assessment of coverage and quality of routine immunization in urban areas with special reference to slums of Dibrugarh district, Assam.
8	39	Dr.K.Lalitha	Evaluation of cold chain practices in urban health centres of Bangalore Mahanagara Palike(BBMP) area.
9	42	Dr.Preeti Padma	Impact of public private partnership in strengthening the health care services of RCH in urban slums.
10	43	Dr.I.A.Swati	A cross sectional study on health status of adolescent girls in an urban community.

ORAL PAPER SESSION- II

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 03.00 PM to 04.30 PM
 Theme : Occupational Health
 Venue : Lecture Hall-3, 3rd floor KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	1	Dr.Sampa Mitra	A study of health status and morbidity profile of a geriatric population in an urban slum area.
2	5	Dr.S.Aswathy	KAP of higher secondary and college students on geriatric care.
3	20	Dr.A.K.Srivastava	Prevalence of gastrointestinal diseases and its relation with dietary habits among elderly in a rural community of District Dehradun, Uttarakhand.
4	72	Dr.S.R.Tripathi	Hearing assessment of workers of a power generating unit.
5	73	Dr.A.Saha	Risk of tuberculosis and fuel use: A population survey.
6	58	Dr.R.R.Tiwari	Asthenopia (Eyestrain) in working children of gem polishing industries Jaipur, India.
7	60	Dr.Lale Swapnil	Effects of chronic exposure to various pesticides on grape garden workers.
8	61	Dr.Rajiv C. Yeravdekar	Study of respiratory health of school children and determine predicted equation of peak expiratory flow rate (PEFR) and peak inspiratory flow rate(PIFR) in school children-a pilot study.
9	66	Dr.Sigi Swarna Latha	To study the effect of education on awareness of outreach workers in HIV/AIDS at Andhra Pradesh.
10	82	Dr.N.K.Deepal	Analysis of cases of decategorisation and invalidation on medical grounds in Western Railway.

ORAL PAPER SESSION-III

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 03.00pm to 04.30pm
 Theme : Communicable Diseases
 Venue : Lecture Hall-2, 2nd Floor, KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	3	Dr.Ashok Mehendale	Study of chest symptomatics with cough > 2 weeks vs >3 weeks in a rural hospital.
2	8	Dr.T S Ranganath	Evaluation of mass drug administration for elimination of lymphatic filariasis in endemic areas of Karwar, Karnataka- 2007.
3	14	Dr.R V Iyer	Antibiotic resistance amongst commensal Staph aureus in two hospitals at Ujjain Madhya Pradesh -first results from a longitudinal study.
4	15	Dr.A Chakraborty	Assessment of sputum conversion and outcomes of new smear positive cases under RNTCP in a district of Karnataka.
5	16	Dr.Thomas Mathew	Chikungunya outbreak in Kasargode, Kerala, 2008: situational analysis of control measures.
6	23	Dr.D G Damhare	Knowledge about HIV/AIDS among female high school students in urban area.
7	67	Dr.Sara Varghese	Assessment of knowledge based practices on nosocomial infections of health care providers in a tertiary care setting in Kerala.
8	31	Dr.T. Jayakrishnan	Optimization of anti retroviral treatment care services in a low resource settings.
9	35	Dr.S S K Dondapati	A profile of ICTC attendees at RIMS, Kadapa.
10	36	Dr.T Mahalakshmy	Factors influencing the level social support and social stigma of people living with HIV/AIDS.
11	27	Dr.Sairu Philip	Investigation of? outbreak of hepatitis B in a rural village in Kerala.

ORAL PAPER SESSION- IV

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 03.00 pm to 04.30 pm
 Theme : General
 Venue : Lecture Hall-1, 1st Floor, KIMS College Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	6	Dr.Zile Singh	Progress towards millennium development goals in rural Tamil Nadu: a community based survey.
2	11	Dr.R N Mandal	Situational analysis of community level - information education & communication activities of the health care providers in four states of India.
3	12	Dr.M Dobe	Health Communication – gaps in implementation
4	21	Dr.J P Majra	Protecting health from climate change: preparedness of medical interns.
5	24	Dr.J Thomas	Activity analysis of key service personnel in a Medical College Hospital.
6	34	Dr.F S Vaz	Study of drug prescribing practices at a tertiary care hospital.
7	40	Dr.F A Zaman	A comparative assessment of PHCs as per Indian Public Health Standards between an EAG state and a non EAG state of India.
8	70	Dr.P P Mitkari	Morbidity profile of tribal people in a village health camp, Dist. Adilabad.
9	71	Dr.N Chaudhary	Voucher scheme for equity in health.
10	75	Dr.B R Goyal	Is there a need to upgrade knowledge of private practitioners for implementation of important national health programmes?
11	83	Dr.K P Singh	Presence of microfilariae in lung cancer patients during an adjuvant therapy with enia sominfera.

ORAL PAPER SESSION-V

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 3.00PM-4.30 PM
 Theme : Reproductive & Child Health
 Venue : Medical Education Unit, 3rd floor KIMS College,
 Banashankari

Chairperson :

Sl. No	Abstract Number	Name of the presenting Author	Title of Presentation
1	45	Dr.S M Cherian	Morbidity pattern among women of reproductive age group in field practice area of community health training centre, Rajapur.
2	46	Dr.G H Thite -	An average age at menarchae, marriage and first pregnancy of girls residing at village Chanai of Marathwada division of Maharashtra.
3	47	Dr.K Muzammil	Study of sexual growth & development of the adolescents in district Dehradun.
4	50	Dr.P Keerti	KAP study of immunization among respondents of children aged 12-24 months.
5	57	Dr.P Dudeja	A cross sectional study to asses factors affecting family planning practices in two semiurban communities.
6	59	Dr.J Baruah	Monitoring of IMNCI activities in Dibrugarh district, Assam.
7	62	Dr.D S Bhide	Importance of preventive health check up of students in educational institute: The symbiosis model.
8	74	Dr.Shalini S	Health care waste management practices during routine immunization at selected PHC'S in Chintamani taluk.
9	78	Dr.Sukhwinder Kaur	Age at menopause and perception of menopause among rural women in Chandigarh India.
10	77	Mrs. K Jeyanthi Shanmuga	A study to assess the knowledge and attitude of girls between the age group of 13 to 19 years regarding menstruation and menstrual hygiene in a private school at coimbatore, Tamil Nadu.

ORAL PAPER SESSION-VI

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 3.00PM-4.30 PM
 Theme : Non-Communicable diseases
 Venue : Seminar Hall -1, 2nd floor, KIMS College, Banashankari
 Chairperson :

Sl.No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	2	Dr.Banerjee Amitav	A study of physical activity habits of young adults.
2	7	Dr.J S Malik	Status assessment of cataract surgery in a tertiary level hospital in Haryana.
3	10	Dr.S G Soundale	The prevalence of cervical dysplasia and cervical cancer among the women undergoing PAP smear examination at OPD of S R T R Medical College, Ambajogai, Dist - Beed, Maharashtra.
4	13	Dr.B M Vashisht	Prevalence of refractive errors among school children in a rural block of Haryana.
5	26	Dr.V G Kamath	Prevalence of obesity among the rural school children in Udupi district, Karnataka.
6	29	Dr.Chythra	Prevalence of hypertension in coastal Karnataka - a community based study.
7	44	Dr.R Jose	Risk factors of breast cancer and validation of Gail model breast cancer risk assessment tool in estimating the risk for development of breast cancer in women of Kerala,India.
8	56	Dr.G P Jacob	A study on the profile of gastric carcinoma patients admitted to Kasturba Hospital, Manipal, Karnataka.
9	80	Dr.N Chitra	Expenditure on health care incurred by diabetic subjects in the urban field practice area of Kempegowda Institute of Medical Sciences, Bangalore.

ORAL PAPER SESSION - VII

Category : Post graduate
 Day & Date : Saturday, 10/01/09
 Time : 3.00PM - 4.30PM
 Theme : General
 Venue : Seminar Hall 2, 2nd Floor, KIMS College Banashankari
 Chairperson :

Sl.No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	1	Dr. K Karthikeyan	A study on the knowledge, attitude and practices regarding snakes and snake bites among the general population in Udupi taluk, Karnataka.
2	2	Dr. Pankaj Raut	Study of various aspects of Human resource functions related to health team and cost incurred on different inputs by community health center in tribal area.
3	10	Dr. N N Palve	A cross sectional study to examine the morbidity pattern of patients attending the mobile health camp in a flood affected districts of Bihar in 2008.
4	11	Dr. B A Praveen Kumar	Assessment of microbial quality of drinking water in the urban field practice area of JN Medical College, Belgaum.
5	13	Dr. P Mohan Kumar	A study on pattern of utilization of health care service's, perception and health seeking behavior of communities in Udupi taluk, Karnataka.
6	15	Dr. Niraja Agnur	Awareness on organ donation in college students
7	54	Dr. S P Prashanth Kumar	Prevalence of bronchial asthma in adult population in rural field practice area of Kempegowda Institute of Medical Sciences, Bangalore.
8	24	Dr. Navpreet	To study the biomedical waste management at tertiary care hospital, Patiala.
9	42	Dr. C Gujjarlapudi	A study on treatment seeking behaviour for acute illness among a fishermen community in Nellore.
10	47	Dr. S R Jain	Bed utilization rates at a tertiary care hospital in Mumbai.
11	58	Dr. S Sharma	A case study of MCHN days in rural Tonk: applying frameworks for assessing quality of MCHN services on MCHN session.

ORAL PAPER SESSION-VIII

Category : Interns
 Day & Date : Saturday, 10/01/09
 Time : 3.00PM - 4.30 PM
 Theme : General
 Venue : Seminar Hall- 3, 2nd floor, KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	1	Dr.P Ravisankar	Appraisal of intensified pulse polio immunization at Jawaharlal Institute Rural Health Center in Pondicherry.
2	2	Dr.George Ipe Vettiyil	A pilot study to assess the prevalence of soil transmitted helminthes among middle school children in rural Tamil Nadu.
3	3	Dr.Jahnave	Assessment of prevalence of anemia among rural Tamil Nadu- a pilot study .
4	4	Dr.M Bukelo	Prevalence of risk factors for non-communicable diseases in adolescents of an educational institution in rural Karnataka.
5	5	Dr.G Shreyas	General psychological wellbeing of urban and rural Indian adolescents - A comparative study.
6	6	Dr.Vishaka S	Awareness and attitude towards organ donation.
7	7	Dr.Yashaswini	Mobile phone addiction among college students.
8	8	Dr.C Manjunath.	Nutritional assessment and bcc intervention of under nourished children aged 0-5 years in rural areas of kurnool district.
9	9	Dr.Madan Mohan Reddy Arugunta	Performance evaluation of sensitization session: Peer group assessment of student exchange/sharing among medical college students in AP.
10	10	Dr.N Bharath	Evaluation of mid-day meal scheme in 10 Government schools under Cowdalli and Yellemala panchayats of Kollegal Taluk.

ORAL PAPER SESSION-IX

Category : Post graduate
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM-6.30PM
 Theme : Communicable diseases
 Venue : Auditorium, 4th Floor, KIMS College Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	6	Dr.A Phukan	Investigation of an outbreak of acute diarrhoeal diseases in a tea estate of Dibrugarh district of Assam.
2	14	Dr.Sanjay Kumar Jha	Evaluation of DOT Providers' in the RNTCP of PHC Chiraigaon Block Varanasi.
3	16	Dr.Joge Umesh	To assess the socio-demographic and clinical profile of HIV/AIDS patient visiting to art centre, SRTR Medical College Ambajogai.
4	17	Dr.Kiran	A study on stigma, discrimination and violence against men who have sex with men (MSM) and its implication on their health in Davangere city.
5	53	Dr.G Praveen	Clinical evaluation of safety and immunogenecity of purified chick embryo cell (PCEC) rabies vaccine administered intradermally using updated Thai Red Cross (TRC) regimen in animal bite cases.
6	18	Dr.Sajna	Profile of the patients on antiretroviral therapy in a tertiary care center, North Kerala.
7	49	Dr.N Shakila	Dengue fever and Leptospirosis reported cases in a tertiarycare hospital with special reference to symptomatology.
8	23	Dr.S Chakraborty	Process evaluation of intensified pulse polio immunization campaign in urban area of tinsukia district of Assam.
9	33	Dr.P Sonowal	Monitoring of Japanese B Encephalitis immunization campaign with SA 14-14-2 vaccine in Tinsukia district of Assam.
10	60	Dr. Kaushik A	Prevalence of RTIs/STIs in reproductive age women and socio-cultural factors associated with it: A community based cross-sectional study

ORAL PAPER SESSION- X

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM-6.30PM
 Theme : Communicable diseases
 Venue : Lecture Hall - 3, 3rd Floor, KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	37	Dr.K Chandra Sekhar	Health profile of HIV Positive individuals at Anti retroviral treatment centre at Kadapa district.
2	38	Dr.K.J.Kishore Kumar	A study on performance indicators of DOTS therapy at tuberculosis unit of Kadapa district, Andhra Pradesh.
3	48	Dr.M Vinay	Effectiveness of 'awareness sessions' for enhancing knowledge regarding rabies among college students.
4	49	Dr.Yerpude Pravin	Community perception regarding mosquito-borne diseases in rural area.
5	52	Dr.Kutare Amita	Study on awareness of dots and MDR-TB among interns in medical colleges of Bangalore.
6	54	Dr.R K Pretesh	Reality Bites... incidence of animal bites and health seeking behavior of animal bite victims in rural Anekal taluk.
7	55	Dr.A Lena	Prevalence of risk factors among HIV positive cases in Udupi municipality area, Karnataka.
8	64	Dr.(Col)Hans Raj	A study of environment in relation to certain enteric infections with special reference to water supply in rural areas.
9	65	Dr.Vishal Diwan	Antibiotics in the aquatic environment of India: A case study of hospital waste water.
10	68	Dr. Sudhashree Chandrashekar	The effects of scale on costs of targeted HIV prevention interventions among female and male sex workers, MSM, and transgenders in India.
11	63	Ms.Beteena Kurian	A post epidemic evaluation of the awareness of vector habits of Chikungunya and its prevalence in a rural area of Kerala.

ORAL PAPER SESSION- XI

Category : Staff
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM – 6.30PM
 Theme : General
 Venue : Lecture Hall-2, 2nd Floor, KIMS College, Banashankari

Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	9	Dr.Mangala Subramanian	A study on change in awareness of school children regarding effects of tobacco use following a health education intervention.
2	22	Dr. M Renuka	Prevalence of depression and associated socio demographic factors among adolescents.
3	33	Dr.(Mrs) Rina Tilak	Newer strategies in housefly control: evaluation of imidacloprid and insect growth regulator, dimilin in the control of houseflies.
4	32	Dr.R Juyal	Arecanut / panmasala use among school going adolescents in a district of Uttarakhand.
5	41	Dr.Umesh S Kamat	Study of domestic violence among the women in a Goan community.
6	79	Dr.M Angolkar	Types of smokeless tobacco used and reasons for its preference among factory workers In Belgaum- A cross sectional study.
7	81	Dr.D R Gaur	Family burden of depressive disorder – need organized action.
8	51	Dr.Aggarwal Pradeep	Comparative study on different types of growth monitoring charts.
9	53	Dr.D R Vedapriya	Prevalence of overweight and obesity among adults ≥ 30 yrs in a rural area of Tamilnadu.
10	69	Dr.A D Shelke	Nutritional assessment of newly admitted medicos of RIMS, Adilabad.
11	76	Mrs.Dewan Anjali	Impact of spirulina as a nutritional supplement on the dietary intake and health status of adolescent girls.

ORAL PAPER SESSION-XII

Category : Post graduate
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM - 6.30PM
 Theme : Communicable & RCH
 Venue : Lecture Hall 1, 1st Floor, KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	8	Dr.N Nirmolia	Understanding family planning practices among tribals. A study in a rural area of Dibrugarh, Assam.
2	12	Dr.Akhtar Hussain	Treatment seeking behaviour in reproductive age women suffering from RTIs/STIs: A community based cross-sectional study.
3	61	Dr.Pallavi.Kanade	Study of knowledge, attitude and awareness regarding prenatal diagnostic technology act among the pregnant women admitted in tertiary care hospital in Mumbai.
4	21	Dr.Seshadri Kole	Socio-cultural and environmental risk factors of ARI in under-five children.
5	55	Dr.N Shakila	Clinical evaluation of safety and immunogenicity of Indirab and Verorab using simulated updated Thai Red Cross regimen in healthy volunteers: Phase -III randomized control trial.
6	36	Dr.N Rasheed	Inter-spouse communication and acceptance of family planning.
7	37	Dr.Hegde	A study of knowledge, prevalence and health seeking behaviour regarding Reproductive Tract Infections among ever-married women of reproductive age group in a peri-urban slum, Bangalore.
8	43	Dr.J Conjeevaram	A study on the treatment outcomes of patients on DOTS in Nellore District.
9	45	Dr.M.K Deotale	A study of socio-demographic and psychological profile of HIV / AIDS patients visiting to DIC.
10	20	Dr.Abhik Sinha	Assessment of performance & treatment outcome under RNTCP at a rural tuberculosis unit of West Bengal.
11	50	Dr.R Birajdar	Intradermal antirabies vaccination roll out: 3 months experience.

ORAL PAPER SESSION-XIII

Category : Post graduate
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM - 6.30PM
 Theme : Non Communicable Disease
 Venue : Medical Education Unit, 3rd Floor, KIMS College,
 Banashankari
 Chairperson :

Sl. No	Abstract No	Name of the presenting Author	Title of Presentation
1	32	Dr.Sudha Rani	A study of risk factors associated with cardiovascular diseases among adult population of Rajendranagar, Hyderabad
2	41	Dr.V Arora	Distribution of the anthropometric parameters & fasting blood glucose level in urban population of Rohtak
3	52	Dr.G M Someshwara	Health outcomes of Sublingual immunotherapy compared to Subcutaneous immunotherapy among patients suffering from Allergic rhinitis and Allergic bronchial asthma.
4	5	Dr.J Prabhakaran,	A survey of risk factors for non-communicable diseases in an urban area of Nellore, Andhra Pradesh, India.
5	26	Dr.Maseer Khan	Comparative study of health status of elderly in urban field practice area (Harajpenta) and rural field practice area,(Patancheru)of Osmania Medical College.
6	35	Dr.R Deepthi	A study of incidence and risks for falls among the Elderly of an urban slum.
7	56	Ms.Paradkar A	Medical students attitude towards seeking professional psychological help.
8	25	Dr.N Dhawan	Obesity in school children of 8-16 years in Patiala city.
9	34	Dr.S Vanishree	Study of awareness of gestational diabetes mellitus among antenatal women in a primary health centre.

ORAL PAPER SESSION-XIV

Category : Post graduate
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM-6.30PM
 Theme : ADOLESCENT
 Venue : Seminar Hall 1, 2nd Floor, KIMS College, Banashankari
 Chairperson :

Sl.No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	7	Dr.H Bhattacharyya	Nutritional status and morbidity pattern of adolescent girls in urban slums of Dibrugarh.
2	9	Dr.S S Kaku	A cross sectional study to determine health seeking behaviour of street children in the city of Mumbai.
3	19	Dr.A Bhattacharyya	Assessment of behavioral changes of adolescents and their psychosocial perception about parents, family and school -- a study in a school of Tarakeswar.
4	22	Dr.Bellara Raghavendra	A study of knowledge, attitudes and behaviour towards tobacco consumption among adolescent students in rural field practice area of Osmania Medical College, Hyderabad.
5	27	Dr.A K Pratap	Profile of morbidities among adolescents and their health utilisation pattern in a tribal block of Orissa.
6	29	Dr.N Goel	Adolescent anthropometry: a comparison of two standards.
7	30	Dr.Srinath	A study on morbidity pattern of school children in urban area.
8	31	Dr.Ashwini Bhat	Screening programme for refractive error among school children in an urban area.
9	40	Dr.A Deuri	A comparative study on nutritional status of preschool children of working and non-working mothers in slums of Dibrugarh.
10	48	Dr.P Warbhe	Study of association between dietary habits and prevalence of obesity among children and adolescents.

ORAL PAPER SESSION-XV

Category : Post graduate
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM-6.30PM
 Theme : Reproductive & Child Health
 Venue : Seminar Hall-2, 2nd Floor, KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	3	Dr.A Jain	Comparative study of antenatal care services utilization in urban, urban slums and rural areas of Agra district.
2	4	Dr. Singh Manish Kumar	Utilization of ASHA services under NRHM in relation to maternal health in rural Lucknow.
3	28	Dr.S S S Reddy	A study on perception among lactating mothers (below six months of lactation) regarding Janani Suraksha Yojana (JSY) in the urban field practice area (Ankuli) of MKCG Medical College, Brahmapur.
4	38	Dr.Shashi Kumar	The status of the maternal health entitlements under Janani Suraksha Yojana in selected villages of Kollegala Taluk.
5	39	Dr.R Pushpanjali	Maternal mortality reduction strategy in medak district of Andhra Pradesh.
6	44	Dr.D Chavan	Comparative study of prevalence of vitamin deficiencies and assessment of personal hygiene among students in private and Municipal school.
7	46	Dr.C M Gedam	Analysis of infant deaths in tertiary care hospital setting.
8	51	Dr.P Kesarwani	Appraisal of health status of under fives in a rural area of Varanasi.
9	57	Mr.D S Nayak	Development of health education module for mothers on infant and young child feeding practices (IYCF).
10	59	Miss. Shubhra More	A study on prevalence of anaemia amongst pregnant women in a rural area of Wardha district.

ORAL PAPER SESSION – XVI

Category : Under Graduates
 Day & Date : Saturday, 10/01/09
 Time : 5.00PM-6.30PM
 Theme : General
 Venue : Seminar Hall 3, 2nd floor, KIMS College, Banashankari
 Chairperson :

Sl. No.	Abstract Number	Name of the presenting Author	Title of Presentation
1	1	Ms.Afrin Sagar	Assessment of coverage and compliance of MDA against filariasis in Udupi Taluk, Karnataka.
2	2	Mr.Akshay Chauhan	A community based study on the utilization of ante natal services in rural udupi district.
3	3	Ms.S Madhurajeshwari	Incidence and risk factors of febrile seizures.
4	4	Mr.M Puneet	Influence of environmental factors and age on myopia.
5	5	Mr.David Simson	Study of risk factors of Coronary Heart Disease (CHD) among adults aged above 25 years in rural community in central Kerala.
6	6	Mr.N Nandakumar.	A study on the pattern of family planning methods adopted in an urban field practice area.
7	7	Ms.Seetha Lakshmi	Identifying a hidden problem-Dementia- in elderly people living in old-age homes.
8	8	Mr.Aman Deep	Benign prostatic hyperplasia: quality of life in atertiary care hospital in Delhi.

Poster Session

Day & Date : Saturday, 10/01/09
Time : 03.00 PM to 06.00 PM
Venue : Community medicine, Department Practical Hall, II floor,
 KIMS College, Banashankari-2nd stage, Bangalore-70

Sl no	Abstract No	Name of Presenting Author	Title of presentation
Staff			
1	SP-1	Dr.N R Aswar	Menstrual hygiene awareness among adolescent girls in tribal area.
2	SP-2	Dr.I F Inamdar	Study of some epidemiological factors associated with initiation of tobacco use among adolescents in field practice area of urban health centre, Nanded (M.S.).
3	SP-3	Dr.T Jayakrishnan	Operationalization of involvement of "PRIS" in RNTCP: A model for Kerala.
4	SP-4	Dr.Nandkeshav Aswar	Educational status and school dropouts in adolescent girls in tribal area.
5	SP-5	Dr.Abhay Mudey	Is existing system of public health care facilities really needs corrective measures for strengthening and upgrading of Subcenters of Wardha district: "NRHM-IPHS perspective".
6	SP-6	Dr.S D Wanje	Misconception and myths in the management of animal bite cases.
7	SP-7	Dr.Sara Varghese	Seasonal trend of Leptospirosis in 5 Government Medical College Hospitals, Kerala.
8	SP-8	Dr.I F Inamdar	Epidemiological profile and outcome of burn cases admitted at tertiary level care centre.
9	SP-9	Dr.K Muzammil	Study of nutritional status of the adolescents in district Dehradun.
10	SP-10	Dr.R Agarwal	Prevalence of RTI/STI in adolescent girls of Agra city.
11	SP-11	Dr.V K Sonkar	Prevalence of consanguineous marriages in rural area of Nagpur district.
12	SP-12	Dr.Shobha S Karikatti	Cause of death registered in belgaum city corporation during the year 2005.
13	SP-13	Dr.A V Athavale	Public health informatics in context to india: potentials and constraints.
14	SP-14	Dr.Sanjeev Kamble	What is adolescence?

15	SP-15	Dr.S M Madhav	Impact of behaviour change communication on smoking cessation in urban slum community of Nalgonda, A.P.
16	SP-16	Dr.R D Gadekar	Five year review of some of the RCH activities at Primary Health Center Hanegaon, District Nanded.
17	SP-17	Dr.D R Gaur	Time Management Among Adolescent – Need of The Hour.
18	SP-18	Dr.D R Gaur	Water collection & consumption behaviour in rural Haryana.
19	SP-19	Dr.S Kansal	A study of knowledge attitude and practice (KAP) related to tuberculosis in an urban community of District Varanasi.

Post Graduate

20	PG-1	Dr.A Jain	Comparative study of natal care services utilization in urban, urban slums and rural areas of Agra district.
21	PG-2	Dr.S K Borkar	Morbidities and healthcare seeking behaviour in women of urban slum in Nanded city (Maharashtra).
22	PG-3	Dr.G A Mudey	Preventing emergence of drug resistance and burden of expenditure on drugs: future challenge.
23	PG-4	Dr.Sumit Dixit	To assess the knowledge regarding HIV transmission and prevention among students of 9 th and 10 th class in private and public schools of Aligarh.
24	PG-5	Dr.Abhik Sinha	Non cirrhotic portal fibrosis among children admitted in a tertiary care hospital of Kolkata: a search for possible etiologies.
25	PG-6	Dr.Mohd Shanawaz	Awareness of smoking and its harmful effects in school going children.
26	PG-7	Dr. Navpreet	To study the attitudes of postgraduates towards euthanasia.
27	PG-8	Dr.M Jayaprakash	A comparative study on awareness, beliefs, perception and practices about menstrual hygiene between rural and urban high school girls.
28	PG-9	Dr.B Girish	A study of assessment of future academic career and service plan of house surgeons.
29	PG-10	Dr.Javed	Personal hygiene among professional students
30	PG-11	Dr.Sharath Chandra Gowda	Adolescents' perception of the risks associated with second hand smoke in Belgaum city.
31	PG-12	Ms.Jaspreet Mahal	Research question- Has level of violence increased among adolescents in present times?
32	PG-13	Dr.Pravin Pissude	A study of knowledge, attitude, behaviour and practices for essential newborn care in Wardha.
33	PG-14	Dr.C Kalyan	A study on differentials in Neonatal Mortality among different groups of states in India.

Interns			
40	I-1	Dr.G T S Kranthi Kumar	A study of silicosis in cement factory workers
41	I-2	Dr.D Reema Preethi	To study the effect of socio demographic determinants on the health status of HIV positive outreach workers in HIV/AIDS prevention programmes in Andhra Pradesh
42	I-3	Dr.S.Kaushik	A study of stress levels in BPO Sector Employees
43	I-4	Dr.Srinivasa Rao	A study on morbidity pattern and geographical Clustering of Cases Admitted in PES Hospital, Kuppam
Under Graduate			
34	UG-1	Mr. A Deep	Benign prostatic hyperplasia: health seeking behavior in a tertiary care hospital.
35	UG-2	Mr. T Thejus	Strategies and policy for Mercury Pollution in the Hospital environment.
36	UG-3	Ms. Indu Khare	Study on clinical profile of dengue cases in tertiary care hospital, Udupi district during year 2007.
37	UG-4	Ms. Medhavi Honhar	The profile of tuberculosis patients treated under dots strategy in Udupi taluk, Karnataka.
38	UG-5	Mr. Rahul Chopra	Profile of HIV/TB cases in Udupi district, Karnataka .
39	UG-6	Ms. Charmaine Samarasinghe	Clinical profile of typhoid cases admitted in a tertiary care hospital in Udupi District, Karnataka

Staff presentations

S-1

A study of health status and morbidity profile of a geriatric population in an urban slum area

Sampa Mitra

Department of Public Health Administration
All India Institute of Hygiene & Public Health, Kolkata

Research Question: What are the current health status and morbidity profile of an elderly urban slum population in Kolkata?

Objectives: 1. Study of health status & morbidity profile of the geriatric population under study. 2. Study of the socio-economic factors associated with morbidity in the population.

Materials and methods: Study design: Community based cross-sectional study. **Setting:** The slum area adjoining Urban Health Centre in Chetla, Kolkata. **Participants:** 256 elderly people (of age 60 years and above) in the study area. **Statistical analysis:** Proportion, chi-square test.

Results: 75% of the female participants were illiterate, whereas majority (67%) of male subjects had primary or secondary education. 46.78% of the males were economically independent, but maximum (87.31%) of the females were fully dependant on kins. Majority (85.82%) of females had pallor but only 47.54% of males had pallor. The major genitourinary problem among male subjects was frequency of urination (17.21%) but it was urinary tract infection among the females (14.74%). Osteoarthritis showed a higher prevalence among the females (53%) than the males (38.52%). Prevalence of hypertension was some what similar among both sexes (38.80% in females and 32.79% in males). **Conclusion:** There was a gender-wise difference within the study population regarding literacy, dependency and morbidity pattern.

Key words: Geriatric population; Morbidity profile; Gender.

S-2

A study of physical activity habits of young adults

Banerjee Amitav and Khatri Swati
D Y Patil Medical College, Pune

Research Question: What is the level of physical activity among young adults? **Aim and objectives:** Aim: study physical activity habits of young adults. Objectives: To find frequency of various forms of physical activity and also to find associations of regular physical activity with gender and BMI

Material and Methods: A cross sectional study on a random sample of 189 medical students. Data Collection on physical activity: Consent to participate in the study was taken from the study subjects. Standard questionnaire which has been validated in earlier studies of similar nature in developed countries was used. Height and weight was also recorded.

Results: Out of the 189 medical students approached for the study, 170 agreed to participate in the study. Only 39.4% of the respondents indulged in vigorous physical activity so as to work up a sweat at least 3 times a week. There was no association with gender. People with higher Body Mass Index exercised more frequently. More than 20% of the sample was

overweight/obese. 9.4% of the study subjects were underweight. More female subjects (13.8%) were underweight compared to male subjects (4.8%).
Conclusion: Majority of the respondents were not indulging in adequate physical activity. There is tendency towards sedentary lifestyle among the young people. About 1/5th of the subjects being overweight/obese indicate a shift towards obesity.

S-3

Study of chest symptomatics with cough ≥ 2 weeks vs ≥ 3 weeks in a rural hospital

Mehendale A M, Nimbarte SB, and Garg BS

Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha (MS)

Objective: To study chest symptomatic with cough ≥ 2 weeks Vs ≥ 3 weeks duration for diagnosis of Pulmonary Tuberculosis.

Material & Methods: Cross sectional study was carried out among chest symptomatics who presented at General Out-patient Department of Kasturaba Hospital, Sewagram with productive cough of duration ≥ 2 weeks. Three sputum samples were collected from each of them and subjected to sputum microscopy. Data thus collected was entered and analyzed by using Epi Info 6 programme.

Results: Out of the patients interviewed, 1308 had cough ≥ 2 weeks, of whom 138 had sputum positive TB, compared to 104 with cough ≥ 3 weeks. The sputum positivity among males was 11.6% and among females was 8.2%. Sputum positivity among regular smokers was 16.9%. Smear positivity among those with cough of 2 weeks and more duration was 10.6% and with cough of 3 weeks and more duration was 12.3%. The difference between sputum positivity of chest symptomatics with cough of 3 weeks and more and cough of 2 weeks and more was statistically not significant ($p \geq 0.05$).

Conclusion: The case detection of smear-positive TB cases can be substantially improved by changing the screening criterion for performing sputum microscopy among out-patients from cough ≥ 3 weeks to ≥ 2 weeks.

S-4

Physical growth and sexual maturity in mild to moderately malnourished rural girls

Bhalla A K, Walia B N S and Chopra K

Department of Pediatrics, Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh

Body weight, height and pubertal changes were studied in 179 and 180 girls diagnosed as cases of protein-energy malnutrition (PEM) Grade I and II respectively at 5-7 years of age. 112 girls having normal nutritional status and living in similar surroundings of 16 villages of district Ambala, Haryana (India) served as controls. Every girl was followed up at half yearly age interval (± 15 days) from 9 to 20 years of age either at school or at home using a mixed-longitudinal study design. Standardised anthropometric techniques and instruments were used to measure body weight and height. Tanner's five -point sexual maturity rating scale was used to assess pubertal changes in girls. Girls who were malnourished at the beginning of the study

continued to remain significantly lighter and shorter than their normal Indian counterparts throughout the age range considered. Peak height velocities (PHV) were noticed to be lower in mildly (6.1 ± 2.7 cm/yr) as well moderately (4.9 ± 1.5 cm/yr) malnourished girls as compared to controls (8.6 ± 3.2 cm/yr). The attainment of PHV in moderately malnourished girls (13.5 yrs) was delayed by a year. Development of breasts, pubic and axillary hair was also found to be delayed amongst malnourished girls. Menarche was attained at a median age of 15.0 years in malnourished girls (Grade I & II) which indicated a delay of 1.0 year as compared to controls. Malnutrition during early childhood was found to have significant long-term effects on the growth and pubertal attainments of rural girls.

S-5

KAP of higher secondary and college students on geriatric care

Aswathy S, Beteena Kurian, Valsala L.S, Pankaj Kumar, Rohit Kumar Singh,
Ramesh K Kumar, Raji R Pillai, Manjusha M Nair, and Nidhi Anu Raj
School of Medicine, Amrita Health Care Campus, Ernakulam, Kerala

Research Question: What are the knowledge, attitude and practice towards geriatric Care among higher secondary and college students?

Aims & Objectives: 1) To find the knowledge, attitude & practice of students on geriatric Care

Materials & Methods: 367 students from three higher secondary school and college of Ernakulam were randomly selected and administered the questionnaire on geriatric care. The questions were grouped into knowledge, attitude and practice and scoring was done.

Results: According to 262(71.3%) students the cut off age for elderly citizens was 60 years. 89.4% reported that they had helped an elderly person in need out of which 47.56% helped a family member. 92.9% considered the opinion of elderly members as they were more experienced(71%).

96.5% preferred to care for their elderly at home. 150(40.8%) had an elderly at home and 91% of them helped the elderly in daily activities.

The knowledge, attitude and practice scores showed 93 students with good knowledge and 0 students with good attitude and 6 students with good practice. A significant association was found between educational levels and knowledge. Being female was strongly associated with good attitude.

Conclusion: Thus though knowledge is good it is not translating into attitude and practice. Sustained health education measures are required.

S-6

Progress towards millennium development goals in rural Tamil Nadu: A community based survey

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Nayak H K, Cherian J, and Ilayabharathi V
Pondicherry Institute of Medical Sciences, Pondicherry-605014

Research question: What is the progress towards millennium development goals (MDGs) in rural Tamil Nadu?

Aims & Objectives: 1. To collect data to compute selected indicators of MDGs. 2. To compare study findings with those of monitoring agencies & give suitable recommendations.

Materials & Methods: A Cross sectional study was carried out in the field practice area of Pondicherry Institute of Medical Sciences, in rural Tamil Nadu from Jan '08 to April '08 covering a total population of 8569. Information was sought using a semi-structured & pre-tested proforma after obtaining informed consent. Data analysis used standard definitions & simple proportions.

Results: The study included 1974 households comprising of 8569 individuals. 89.86% children were immunized against Measles. 48.14 % under 5 children were underweight. 97.25% deliveries were conducted by trained personnel institutionally. 4.26% of fever cases had received presumptive treatment for malaria. None of the under-five slept under insecticide treated bed nets. Out of 109 chest symptomatics, 22.02% underwent sputum examination for AFB & of these 50% tested positive. 83.33% of sputum positive patients were eventually started on DOTS. 95.69% households had access to improved sources of water supply and 14.93% individuals had access to improved sanitation.

Conclusions: The measles immunization coverage, availability of improved sources of water supply and proportion of institutional deliveries was higher than the national figures. However, improvement is required in certain areas like sanitation services, control of communicable diseases and nutrition services among under -five children.

S-7

Status assessment of cataract surgery in a tertiary level hospital in Haryana

Malik J S* and Dhull C S**

*Department of Community Medicine, PGIMS Rohtak

** Regional Institute Of ophthalmology, PGIMS Rohtak

There are estimated 45million blind persons in the world and out of these 7million in India. Major cause of blindness in India is cataract which is preventable through surgical interventions. Different interventions are available for cataract throughout the world but these days intraocular Lens Implantations is preferred. An assessment of cataract surgery was done in the ophthalmology department of PGIMS Rohtak hospital. It was a record based study. The objective was to study the type of cataract surgery, associated complications and vision improvement. The study was undertaken between April 2008 to June2008. A total of 20178 cases attended the ophthalmology department OPD for consultation. 8295 (41.10%) cases were above 50years of age and cataract was detected among 4639(55.92%) cases. 1329 cataract surgeries were performed. 1209 surgeries were performed in PGIMS Rohtak and 126 in base camps. 684 (51.46%) cataract surgeries were on females above the age of 50 years. 511 (38.44%) were on bilaterally blind. Visual acuity was measured before and after cataract surgery and improvement in vision was observed which is significant. 98.87% were IOL surgeries and only 14(1.13%) conventional surgeries were done. Complications were reported in 14 cases. In 20% of conventional cataract surgeries vitreous loss was reported. Major complications reported with IOL surgery were iris prolapse and IOL displacement. It can be concluded from above data that more than 50% cases above the age of 50 have cataract and more in females. As 98 % are IOL surgeries so the cataract surgeries are being performed as per NPCB guidelines that lay stress on IOL. The vision improvement after cataract surgery is

significant Over all it is concluded that the quality of cataract surgery in PGIMS Rohtak is excellent with only 1.13% complications.

S-8

Evaluation of mass drug administration for elimination of lymphatic filariasis in endemic areas of Karwar, Karnataka- 2007

Ranganath T S and Biradar M Santosh

Bangalore Medical College and Research Centre, Bangalore

Objective: To assess the coverage and compliance of MDA in Karwar during the campaign in December 2007.

Study Design: Cross-sectional population based house-to-house visit. **Setting:** Rural & Urban areas of Karwar district. **Study Variables:** Exploratory - Rural and urban clusters areas; Outcome - actual coverage, compliance, side effects. **Analysis:** Percentage and proportions. **Results:** Thirteen clusters, each comprising 30 households from five endemic taluks in the district. Total eligible population of 1838 was interviewed. The coverage rate was 98.96% with variation across different areas. The compliance with drug ingestion was 95.64%. The effective coverage was above the target (85%). Side effects of DEC were minimum, transient and drug-specific. **Keywords:** Mass drug administration, Lymphatic filariasis

S-9

A study on change in awareness of school children regarding effects of tobacco use following a health education intervention

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Prashanth K and Subrahmanyam G

Vydehi Institute of Medical Sciences and Research Centre, Bangalore

Research Question: Will health education improve awareness about tobacco and its ill effects among school students?

Aim and Objectives: (a) To assess the awareness of school children regarding tobacco and its ill effects (b) To evolve and implement health education programme (c) To assess the change in their awareness following health education intervention

Materials and Methods: A total of 194 students of class IX and X in Ujjavala Vidyalaya School, Whitefield, Bangalore was assessed using a pretested, structured questionnaire before and after a Health Education session using Role Play on tobacco use and its ill effects. Statistical analysis was done using McNemar Chi-square test.

Results and Conclusion: The study revealed that there was significant improvement on awareness both immediate post intervention and even after 4 months in the following aspects: i) types of tobacco products used in the community ($P < 0.01$), ii) number of harmful substances in cigarettes ($P < 0.01$), iii) diseases caused by tobacco ($P < 0.01$), iv) harmful effects of passive smoking in general ($P < 0.01$), v) harmful effects of passive smoking during pregnancy ($P < 0.01$), vi) ill effects of tobacco chewing on foetus during pregnancy ($P < 0.01$) vii) addictive nature of tobacco ($P < 0.01$), viii) cost of cigarette packet ($P < 0.01$) Therefore, primordial prevention in the form of health education can empower school children to

prevent taking up this harmful habit. It is desirable that information on tobacco use is incorporated in lesson planning.

S-10

**The prevalence of cervical dysplasia and cervical cancer among the women undergoing PAP smear examination at OPD of
S R T R Medical College, Ambajogai, Dist-Beed, Maharashtra**

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S R T R Medical College, Ambajogai, Dist-Beed, Maharashtra

Research Question: What is cervical dysplasia and cervical cancer among the rural women residing at the villages surrounding the SRTR Medical Collage and Hospital, Ambajogai?

Aims and Objectives: To determine the prevalence of cervical dysplasia and cervical cancer among the women undergoing PAP smear examination at OPD of SRTR Medical College, Ambajogai, Dist-Beed, Maharashtra.

Materials and methods: The present study was carried out on 462 women attending gynecology OPD and undergoing PAP smear examination. The study period was of one year i.e. 1st August 2006 to 31st July 2007.

Results and Conclusion: Age of these women ranged between 20-70 years, maximum 139 (30.39%) number of women belonged to 30-39 age group. 8(17.53%) women were found to have dysplasia. Carcinoma in situ was detected in 0.24% cases and invasive cancer in 4.9% cases. Mass screening programme of women is essential for early detection, along with health education.

S-11

Situational analysis of community level information education & communication activities of the health care providers in four states of India

Mandal R N, Dobe M and Mondal B

Department of Health Education, All India Institute of Hygiene & Public Health, Kolkata

Research Question: What is the quantity and quality of IEC activities carried out by the Health Care Providers (HCP) at community level?

Aims & Objective: To assess, number, nature and quality of the major IEC activities related to different health programs conducted at the community level.

Materials & Method: A cross sectional study was conducted between November 2007 and April 2008 among selected Community Level HCP (n= 188) of Himachal Pradesh, Orissa, Andhra Pradesh and Sikkim with structured pre-tested interview schedule.

Results & Conclusion: The study revealed that 90% of HCPs conducted IEC activities related to different National Health Programs. 10% of them (Anganwadi Workers) did not carry out any IEC activities during the study period. Majority (62.72%) only conducted Group Meetings with the mothers of under five children. Though different types of Printed IEC materials were available with the HCP but posters were used most commonly. To bring about desirable changes in health related behavior there is need to train HCPs in selecting and

implementing need based IEC activities among different target groups. Appropriate IEC material for use among low literate audience should be made available at community level and HCPs should be trained to use all the different types of IEC material available with them.

S-12

Health communication-gaps in implementation

Dobe M, Mandal R N and Mondal B

Department of Health Education, All India Institute of Hygiene & Public Health, Kolkata

Research Question: What are the gaps in health communication at the community level?

Aims & Objective: (i) To assess mechanism of assessing community health information needs (ii) To identify important health information disseminated by health care providers at community level and their recall by community

Materials and Methods: A cross sectional study was conducted between November 2007 and April 2008 among selected Community and Health Care Providers of Himachal Pradesh, Orissa, Andhra Pradesh and Sikkim with the help of semi-structured pre-tested interview schedule.

Results and Conclusion: The study revealed that 80.85% of 188 health care providers reported assessing educational need of the community before implementing health education intervention. Among them 44% reported assessing these needs through Interpersonal communication (IPC) within the community. All the HCP reported that they had disseminated relevant information to the community regarding immunization, ANC, ORT, Malaria and Filariasis. However, recall rates from respective community was only 26.29% for immunization and less than 15% for ANC, ORT, Malaria and Filariasis. This study reveals gaps in health communication needs by HCP along with poor recall of important health information dissemination – pointing to the needs for reviewing methods and material used for health education.

S-13

Prevalence of refractive errors among school children in a rural block of Haryana

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Objective: To study the prevalence of Refractive Errors in school children (6-15 years) and their association with age and sex.

Study Design: Cross-sectional. **Setting:** Govt. Senior Secondary Schools of Block Lakhanmajra. **Participants:** 1265 school children (6-15 years). **Materials & Methods:** Out of 16 Govt. Senior Secondary Schools, 4 were randomly chosen. Students aged 6-15 years studying in class 1 to 10 were included in the study. Visual Acuity (VA) test was performed using Snellen's E chart. The finding of clinical examination was recorded on a pretested Performa and were analysed. **Statistical Analysis:** percentages, Chi-square test and Fisher's exact test.

Results: Out of 1265, 172 children (13.6 %) were found to have defective vision ($VA \leq 6/9$). Myopia affected only one eye in 22(1.74%) students while both eyes were affected in

131(10.36%) students. Hyperopia affected one eye only in 2(0.16%) students while in 17(1.34%) students both eyes were affected. The prevalence of myopia, hyperopia & astigmatism was more in girls (23.7%) as compared to boys (12.2%). The prevalence of myopia & astigmatism was more in higher age groups and the prevalence of hyperopia was more in lower age groups. **Conclusion:** Refractive errors can have a long term impact on the learning abilities of school children and visual screening by trained teachers can play an important role in early detection and prevention of further complications.

S-14

Antibiotic resistance amongst commensal staph aureus in two hospitals at Ujjain Madhya Pradesh first results from a longitudinal study

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Dept of Microbiology, R D Gardi Medical College, Ujjain

Aim: To determine and analyse antimicrobial resistance in Staphylococcus aureus in children below the age of 5yrs attending the OPD of the two hospitals CRGH and UCTH in Ujjain.

Materials and Methods: Data was collected in two phases of six weeks each from Nov 07 to May 08. A prospective study design was used. Form for collection of data was developed. Swabs from anterior nares were collected from healthy children of the age group of 0-5 years attending pediatric well baby and immunization clinics and processed according to standard protocol laid down for Staphylococcus aureus. Antibiotic sensitivity test was done using Kirby Bauer disc diffusion methods and tested against drugs used for treating Gram positive organisms. **Results:** A total of 399 and 366 samples were processed from CRGH and UCTH, respectively. A total of 76 Staph aureus were isolated. Resistance to beta- lactam group ranged from 59% ampicillin to amoxyclave 32%, amongst the quinolones group between 14 to 18% amongst amikacin 15% and to doxycycline and erythromycin 14%. MRSA was 4 in bacteria from both the two hospitals. The newer drugs like linezolid, teciopanum or vancomycin have not developed resistance so far. **Discussion:** Finding the resistance pattern amongst the indicator commensal organism will help in formulating the drug therapy in pathogenic Staph isolated. Heartening news is that resistance towards drugs like chloromphenicol and co-trimoxazole is less than in previous studies, possibly due to reduced usage of these drugs. In our study the prevalence of MRSA was around 5% whereas in the western studies or other Indian studies much higher figures have been reported. The long-term aim is to increase awareness among clinicians, drug sellers and community of the resistance problem. In hospitals rotation of antibiotics in the hospitals may be a solution as the future may be bleak as few new compounds being discovered.

S-15

Assessment of sputum conversion and outcomes of new smear positive cases under RNTCP in a district of Karnataka

Amitava Chakraborty and S G Tenglikar
Department of Community Medicine, M R Medical College, Gulbarga

A cross-sectional study was carried out in the entire six TUs of Gulbarga district to assess the

sputum conversion rate and treatment outcome of the NSP cases. The study was conducted from April 2004 to March 2005. The data were collected from quarterly reports of the six TUs of Gulbarga district. Sputum conversion among NSP patients at three months (patients registered in the last quarter) – of 1199 patients 929 (77.48%) became Smear negative, 17 (1.42%) remained Smear positive, no data available for 253 (21.10%). Outcomes of the NSP cases (TB patients registered 12-15 months earlier) – among 1296 patients 838 (64.66%) – cured; Treatment completed 144 (11.11%), Died- 76 (5.87%), Failure- 76 (5.87%), Defaulted- 161 (12.43%), Transferred out- 1 (0.07%). Expected norms in RNTCP for NSP cases: (i) Sputum conversion – 90%, (ii) Cure rates $\geq 85\%$, (iii) Treatment completion $\leq 3\%$, (iv) Default rate $< 5\%$, (v) Failure rate not $> 4\%$, (vi) Death rate not $> 4\%$, (vii) Transfer rate $< 3\%$. In this study in comparison to RNTCP norm:

(a) Sputum conversion for NSP cases is low. (b) Cure rate – lower than expected. (c) Default rate, Failure rate and Death rate all are higher than expected.

S-16

Chikungunya outbreak in Kasargode, Kerala, 2008: situational analysis of control measures

Thomas Mathew, Dinesh Arora IAS, Divya Bhagianadh, Sairu Philip et al.
Department of Community Medicine, TDMC, Thiruvananthapuram

Background: There was an outbreak of Chikungunya reported from Kasargode district from the end of April 2008 with a sudden peak in the first week of May. In the wake of the outbreak, control measures were initiated in full swing in the district.

Research question: Were the control measures initiated in Kasargode district effective in controlling the epidemic of Chikungunya in the district?

Objectives: Situational analysis of the CG epidemic in Kasargode district.

Assess the efficacy of control measures that were initiated in the wake of CG outbreak in the district.

Methodology: Study design: Cross sectional descriptive study. **Sampling:** The study covered all the 4 Blocks and 2 Municipalities in Kasargode district. Care was taken to include the institutions which recorded the maximum and minimum number of cases under these areas. A total of 22 institutions were selected from a sampling frame of 54 total institutions in the district from which daily reports are received.

Data was collected from the 22 institutions using a closed ended questionnaire. Piloting of the questionnaire was done in CHC, Vilappil, Thiruvananthapuram prior to the study. **Data analysis:** Data was entered in Microsoft excel and was analysed using SPSS version 10.0

Results: Average daily number of CG cases being reported has come down drastically in the district. Surveillance, BCC initiatives and vector control measures all were found to have reached the peripheral institutions. Improvement is required in some fields especially intersectoral coordination and utilization of funds. The standard management protocol and diagnostic facilities at field station of NIV in the state were utilized well. The control measures initiated by the Epidemic Control Cell were found to be instrumental in controlling the epidemic in the district.

S-17

What is the prevalence of anaemia among females in reproductive age group?

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Objective: To find out prevalence of anaemia among pregnant & non-pregnant women in reproductive age group and association between nutritional status and level of anaemia.

Material and method: A comparative study was conducted to find out prevalence of anaemia among females in reproductive age group (between pregnant and non pregnant females) in a rural area of wardha district where in 400 women each from pregnant and Non-pregnant group were selected. Interview method was used to collect the data. Hemoglobin was estimated by Sahli's method. Level of anaemia was categorized as per WHO criteria.

Results: Nearly two third females belonged to 26-35 years of age group, 78% were literate and 56.5% housewives. Mean haemoglobin percentage among non pregnant women was 9.00 as against pregnant 6.5. Non pregnant females were less (54%) anaemic as compared to pregnant females (70%). Among the non pregnant females with more than two children with spacing less than three years and who suffered with malaria in recent past were more anaemic. There was no significant difference in nutritional status among pregnant and non pregnant females. However caloric intake was less in pregnant women.

Conclusion: Nutritional supplementation to pregnant women and nutrition awareness to all will help to reduce anaemia. Concerted efforts to reduce parasitic infection and adequate hygienic practice are the corner stone to deal with the problem.

S-18

Profile of ANCs attending ICTC at CAIMS

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Research Question: What are the socio-demographic characteristics & HIV positive status of ANCs attending ICTC at CAIMS?

Aims & Objectives: 1. To study the socio-demographic characteristics of Antenatal Cases (ANCs) attending Integrated Counselling & Testing Centre (ICTC) at Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar (CAIMS). 2. To study the ANCs who tested positive for HIV during study period

Materials & Methods: It was a record based study of ANCs attending ICTC during the period of January to June 2008.

Results & Conclusion: Out of 384 ANCs attended, 62.2% belonged to the age group of 21 – 29 years. Only 13.5% were illiterate. 78.2% of ANCs were housewives. Only one ANC was divorcee. Out of 384 ANCs studied, 8 ANCs (2.1%) tested positive for HIV. Out of these 8, husbands of 6 ANCs were positive for HIV. HIV status of one husband was unknown & one husband was negative for HIV. Outcome of pregnancy was seen in 5 out of 8 ANCs. Out of

these 5, 3 had abortion and 2 had live births. Study provides clues to formulate an effective approach to educate people regarding HIV – AIDS.

S-19

“Well women clinics”: need for proactive approach in women’s health

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Research question: Are women above the age of 35 years in need of screening for disease conditions

Aim & Objectives: To determine the efficacy of “Well Women Clinics” in detecting hidden disorders in women above age 35.

Material & Methods: Wives of armed forces personnel aged 35 years and above in a military station were subjected to comprehensive medical examination in a phased manner at specially organized “Well Women clinics” conducted by the Station Health Organization and Military Hospital, to assess health of the ladies and render health promotional knowledge to them on aspects of family health.

Results: Of the 147 ladies who participated in the clinics, 137 (98.2%) were found to have some undetected disorders needing immediate medical attention.

Conclusions: The findings revealed the value of the concept in early diagnosing relatively easily treatable health conditions and providing an opportunity to sensitize the ladies to the health needs of their family. The armed forces medical services provide well functioning comprehensive medical services for the families of their personnel. The role of specially conducted “Well Women Clinic” for women above 35 years of age in early detection of potentially debilitating disorders was highlighted in an armed forces setting.

S-20

Prevalence of gastrointestinal diseases and its relation with dietary habits among elderly in a rural community of district Dehradun, Uttarakhand

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Research Question: (i) What is the prevalence of gastrointestinal diseases among the elderly? (ii) Is there any relationship with dietary habits?

Aims & Objectives: To find out the prevalence of GI diseases and its relationship with dietary habits among the elderly population.

Results and Conclusion: Information on Gastrointestinal diseases and its relationship with dietary habits were interviewed from 284 elderly (114 males and 170 females) from rural community of Doiwala Block of Dehradun district with help of personal interview and 24 hour dietary recall method. Common GI complaints were acidity (42.6%), constipation (38.2%), flatulence (28%) and lactose intolerance (18.3%) apart from diarrhoea, anorexia and acid peptic disease. Total intake of calories, water and fibres in the diet was low as compared to recommended dietary allowances.

Protecting health from climate change: preparedness of medical interns

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Research question: Are medical interns prepared of to protect health from climate change?

Aims and objectives: To study the preparedness of medical interns to protect health from climate change

Methods and Material: A proportionate number of medical interns from five medical colleges were included in the study. Level of awareness was used as a criterion to judge the preparedness. A self administered pre-tested open ended questionnaire was used. Responses were evaluated and graded.

Statistical methods: Proportions, percentage, Chi-square test

Results: About 90% medical interns were aware about the climate change and the human activities that were playing a major role. 122 (90%) respondents were aware about the direct health impacts due to higher temperature and 120(92%) depletion in ozone concentration and 101(78%) of the respondents were aware about change in frequency/distribution of vector borne diseases, 98(75%) water borne/related diseases, 101(78%) malnutrition and health impact of population displacement. Knowledge regarding health protection was limited to mitigation of climate change and training/ education. Options like adaptation, establishing/ strengthening climate and disease surveillance system and health action in emergency were known to only 9(7%), 8(6%) and 17(13%) respectively. College wise difference was statistically insignificant. Extra/co-curricular activities were the major source of knowledge.

Conclusions: Majority of medical interns was aware about causes and health impacts of the climate change but their knowledge regarding health protection measures was limited.

Prevalence of depression and associated socio: demographic factors among adolescents

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Research Question: What is the prevalence of depression and associated factors among adolescent children in Mysore?

Aim and Objectives: 1. To estimate the prevalence of depression in adolescent children studying in First Year PUC in Mysore City. (2) To study the association of various socio-demographic factors with depression in adolescent children.

Materials and Methods: Two hundred adolescent children studying in I year JSS PUC Mysore were screened for depression using Center for Epidemiological Studies Depression Scale for Children(CES-DC)-a 20 item self report depression inventory with possible scores ranging from 0 to 60. Scores over 15 were indicative of significant levels of depression. Chi-square test was applied to test the significance of association of depression with various factors under study.

Results and Conclusion: Overall prevalence of depression was 46.5% of which 7% had scoring more than 30. It was more among girls (75% vs. 41%) than in boys. The difference was statistically significant ($p < 0.01$). Association of other variables in the study with CES-DC scores will be worked out and presented.

Key words: Depression, Adolescent Children, CES-DC Inventory

S-23

Knowledge about HIV/AIDS among female high school students in urban area

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Research Question: What is the knowledge about HIV/ AIDS among female high school students in urban area?

Objectives: To assess level of knowledge about HIV/AIDS and awareness of HIV/ AIDS related health resources amongst female high school students.

Study Design: Cross sectional study. **Setting:** Kamla Nehru School, Wardha.

Participants: All 188 female students in the age group 14-19 years studying in high school.

Results: The mean age of the students was 15.62 ± 1.5 years. 84.04 percent of the students had heard of HIV/AIDS. 31.91% girls had no idea about the possible modes of transmission. Modes of HIV transmission identified by most of the girls included: 68.09% in sex with an infected person, 61.17% with use of infected blood, 64.36% with injecting drug user and 55.85% were aware of the fact that HIV could be transmitted from mother to child. Only 36.70% of the students were aware about HIV/AIDS as being preventable. 22.87% of the students were known about the availability of drugs for HIV/AIDS. The main source of information about HIV/AIDS to most of the students was the teachers (70.74%), television (32.45%), newspaper (2.66%), health personnel (2.66%), radio (1.06%) and books (1.06%). **Conclusion:** It is concluded that the knowledge of the students on the transmission and prevention of HIV/AIDS was poor. IEC programs should be undertaken with regard to HIV/ AIDS in schools to increase the awareness of adolescents.

S-24

Activity analysis of key service personnel in a medical college hospital

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Aim and objectives: (i) To find out the working time utilization by key service personnel in the hospital wards. (ii) Suggestions for effective utilization of time by concerned personnel.

Materials and methods: Activity Analysis of health care personnel (all staff excluding doctors) of 3 wards of AIMS, Thrissur, was conducted during 2008. Initially key activities in patient care in the ward were identified on the basis of interviews with administrative and key programme personnel. Observations were made by faculty members from the department of Community Medicine at one minute intervals (1 minute = 1 unit) during randomly selected time (half hour duration at a time) in multiple sessions totaling at least 500 units per person.

Results: The extent of utilization of time by the health care personnel varies from 70 -100% for patient care activities. The time utilized for personal work and idling time were minimum. A large percentage of time utilized by staff nurse for recording, accompanying patients, carrying blood samples etc needs careful scrutiny.

Conclusion and recommendations: Effective utilization of available manpower. Staff transfers from wards (low to heavy work load). Posting of lower grade staff for in-service training.

S – 25

Review of under-five mortality at Rajiv Gandhi Institute Medical Sciences (RIMS), Adilabad (Andhra Pradesh)

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Rajiv Gandhi Institute of Medical Sciences (RIMS), Adilabad

Research question: What are the various causes of under-five mortality at RIMS, Adilabad?

Aims& objectives: 1.To study the various causes of under-five mortality at RIMS, Adilabad.
2. To study the duration of hospital stay of death cases.

Material & Methods: Study design: Retrospective study. **Study period:** 1 Jan to 31 Dec 2007. Study place: Rajiv Gandhi institute Medical sciences, (RIMS), Adilabad.

Statistical analysis: Microsoft Excel 2007 & SPSS package.

Results & conclusions: Total 792 deaths occurred in the hospital in 2007. Out of them 166 (20.9%) were under -five deaths. 92(55.4%) were male and 74(44.6%) were female under-fives. Among these deaths 62% constitutes the Neonatal deaths. The various significant causes for under-five mortality were-Prematurity & LBW (20.5%) followed by severe infection (18.1%), Birth asphyxia (15.1%) and Acute Respiratory infection (6.6%). 95(57.23%) deaths were occurred within 24hr of admission.

S-26

Prevalence of obesity among the rural school children in Udupi district, Karnataka

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Introduction: Obesity has reached epidemic proportions globally, with more than 1 billion adults overweight - at least 300 million of them clinically obese - and is a major contributor to the global burden of chronic disease and disability. In this regard, a potential emerging public health issue for developing countries may be the increasing incidence of childhood obesity.

Objectives: To estimate the prevalence of obesity among school children.

Materials and methods: A school based cross sectional study was carried out from May 2005 to Feb 2006 conducted in the rural schools of Udupi district, Karnataka. Children aged 6-15 years were included in the study. Anthropometric measurements (height and weight) were taken from the students by the investigator. Less than 5th percentile was taken as underweight, 5th to less than 85th percentile as normal, 85th to less than 95th percentile was taken as overweight and equal to or more than 95th as obese. Data thus generated was entered

and analysed using SPSS package. **Results:** The prevalence of overweight and obesity as per the WHO criteria 1.1% and 0.5% respectively. There was no significant difference of prevalence of obesity and overweight across the age groups or between sexes.

S-27

Investigation of outbreak of hepatitis-B in a rural village in Kerala

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Research question: Is there an increased number of Hepatitis B cases in Koippuram village in Pathanamthitta district of Kerala?

Objectives: (i) to find out the profile of cases with history of hepatitis in Koippuram village. (ii) To assess the risk factors associated with history of hepatitis.

Methodology: House to house survey on the 1st day to identify cases with history of hepatitis. Camp on 2nd day to assess the cases and conduct serological examination for those with history of hepatitis (HBsAg, antiHBsAg, IgM antiHBc, IgM HAV, IgGHAV & IgM HEV).

Results: 762 subjects in 179 houses were screened. 95(12.4%) had history of hepatitis. This was significantly associated with male gender and history of hospitalisation, injections taken, dental procedures, and visit to barbershop and outstation travel within six months of onset of disease. Only 40 cases (30.5% with history of hepatitis) underwent serological examination on the second day. 29 had Hepatitis B alone, 5 had Hepatitis B and Hepatitis A infection combined, 5 had Hepatitis A infection alone, and 1 had combined Hepatitis A and Hepatitis E infection. Of the 34 hepatitis B cases, 5 were chronic carriers, 8 had remote infection and 21 had recent infection. Of the 5 chronic carriers, only 1 had past history of hepatitis. Others were unvaccinated contacts of hepatitis B. (sexual contacts-2, household contacts-3). Serologically confirmed hepatitis B cases were found to be more among males, those with history of dental procedures, visit to barber shop and outstation travel when compared to others without Hepatitis B. ($p > 0.05$). Chronic carriers formed 14.7% cases of hepatitis B and the minimum chronic carrier rate for Hepatitis B in this population is 0.65%

Recommendations: Routine screening for Hepatitis B, intensive counseling of Hepatitis B cases, compulsory vaccination of contacts and children, stringent infection control practices in medical and dental care settings, surveillance of barber shops for unsafe practices and education to the community to prevent waterborne and blood borne hepatitis.

S-28

A Study on the unmet need of contraception in rural area of Davangere taluk and pattern of adoption of contraceptive methods

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Introduction: Millions of women would prefer to avoid becoming pregnant right away or

ever, but are not using contraception. These women will come under "UNMET NEED" for family planning. **Objectives:** 1) To study the pattern of adoption of contraceptive methods 2) To assess the unmet need for contraception among the married women of rural areas of Davangere taluk. 3) To know the reasons for non-usage of contraception.

Materials and methods: 1020 study subjects (married women 15-49 years) were distributed among the rural areas of Davangere taluk selected by systematic random sampling from November 2004-2005 the number of females to be interviewed per village was calculated in proportion to the total female population of the selected villages using a pre structured questionnaire. **Results:** The total unmet need was 16.7% (13.6 % for spacing and 3.1% for limiting). Reasons for unmet needs were wanting of child by female partner ignorance, fear of side effect, opposition by relatives. 62 % had adopted tubectomy as method of family planning. **Conclusion:** Reducing the unmet need for contraception is necessary to achieve the reproductive goals and reduce unwanted pregnancies that lead to abortion.

S - 29

Prevalence of hypertension in coastal Karnataka: A community based study

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Research question: What is the burden of hypertension in our community?

Objective: To estimate the prevalence and study the socio-demographic correlates of hypertension among adults of either sex aged 30 years and above.

Materials and methods: A community based cross-sectional study was carried out on a population of 1,239 respondents, using a two-stage stratified, probability proportional to size sampling technique. Study variables included, socio-demographic characteristics, physical activity, blood pressure and blood glucose measurements, anthropometric measurements, family history of hypertension and diabetes. **Results:** The study included 1,419 subjects with a response rate of 87.3%. Among the respondents 434 (35%) were males and 805 (65%) were females. The prevalence of hypertension was found to be 43.3%. Based on JNC VII classification, pre-hypertension was noted among 41.4% of the subjects, with 43.7% individuals being in the 30-39 year age group. Advancing age, male gender, current diabetic status, central obesity, being overweight and obese as defined by BMI were identified by the multivariate logistic regression model to be associated with the presence of hypertension.

Conclusion: A significant number of younger age group individuals were identified to be in the pre-hypertension category, stressing the need to initiate screening strategies for hypertension at an earlier age.

S-30

Baseline assessment of coverage and quality of routine immunization in urban areas with special reference to slums of Dibrugarh district, Assam

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Introduction: Vaccination through immunization in children is an effective tool to reduce

global mortality and morbidity from infectious diseases. In Assam, 29% coverage in children aged 12-23 months in urban areas of Assam (NFHS-3).

Research question: What is the coverage of routine immunization in urban implementation unit of Dibrugarh Dist of Assam?

Aims & objectives: To assess the coverage of RI in Dibrugarh Urban and to assess the quality of services in urban slum areas.

Material & Methods: Administrative data analysis and focus group discussion amongst service providers, utilizers and non utilizers from July 2008 to September 2008.

Results: 63% fully immunized (2007-08) with a drop out rate of 2.7%. Qualitative study result shows vaccinators facing problem with the lack of manpower and infrastructure. Lack of awareness and misconception regarding immunization are main reason for non compliance.

Conclusion: Though administrative data shows good coverage and low drop out rate, but still pockets of unimmunized children remaining, which requires improvement of quality of services and more vigorous IEC activities, to achieve the five specific objectives of India's immunization policy, to avail opportunities to introduce emerging newer vaccines & to expand, other public health interventions.

S-31

Optimization of anti retroviral treatment care services in a low resource settings

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Aims and Objectives: (i) To assess the various services given by the ART center. (ii) To study the patients attributes.

Material methods: The data about the cohorts of AIDS patients who had under gone treatment from ART center Calicut in Kerala during the year 2007 was collected prospectively and analysis was done

Result and discussion: The base line demographic data was as follows; the male female ratio was 2:1 and mean age was 38±9 years. 805 were married and in 60% the spouses were infected.>70% were coming from other districts. Most of them were reported at the advanced stages 3 and 4.12% were bed ridden.

Conclusions: Due to centralized facility for 5 districts there is under utilization. The lacks of accessibility, problems of mobility/support and information asymmetry are the main problems. These leads to non adherence and development of drug resistance. In future decentralization and community care are our better options. The ART care should integrate either with district general health system or with ICTC with resource pooling.

S-32

Arecanut / panmasala use among school going adolescents in a district of Uttarakhand

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Research Question: What is the prevalence of Arecanut/Panmasala amongst school going adolescents in district Dehradun?

Aims and Objectives: To find out the prevalence of Arecanut / Panmasala use among inter-college students of district Dehradun.

To study various factors determining Arecanut / Panmasala use among them.

Material and Methods: **Study design:** Cross-sectional study. **Setting:** Two intercolleges (one rural and one urban) of district Dehradun. **Participants:** Students studying in 9th to 12th classes. **Sample size:** 816 (overall 1094 students were covered). **Sampling technique:** Multistage random sampling. **Tool:** Predesigned and pretested self administered questionnaire. **Statistical analysis:** Percentage, chi square test.

Results: The overall prevalence of Arecanut / Panmasala use for ever users was found to be 57.7% (Urban - 67.6% and rural - 47.2%). Regular use of Arecanut / Panmasala was 28.6 % (Urban - 36.8% and rural - 19.9%). The Arecanut / Panmasala use was significantly more among urban students as compared to rural students. Important variables significantly associated with the use of Arecanut / Panmasala were urbanity, male sex, living in nuclear family as well as positive family history of substance abuse.

Conclusion: As use of Arecanut/Panmasala has been associated with oral cancers, the children can be approached in schools and counselled regarding harms of this benign looking socially accepted slow poison. The policy makers should take this into consideration and sale of Arecanut/Panmasala to minors should be banned as has been done for tobacco.

S-33

Newer strategies in housefly control: evaluation of Imidacloprid and insect growth regulator, Dimilin in the control of houseflies

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Research Question: Are the new strategies for housefly control really effective in control of resistant houseflies? **Aim & Objectives:** Evaluation of Imidacloprid baits and Insect Growth regulator –Dimilin vis-à-vis currently used insecticides in the control of housefly.

Materials and Methods: The evaluation of the products was undertaken in laboratory as well as field. The pretreatment and post treatment density assessment was undertaken by two sampling techniques i.e. sticky traps and scudder grills. The results were compared with the currently used bait (Propoxur) and larvicide (Dichlorvos).

Results: The study reports the efficacy of Imidacloprid baits in the control of housefly adults, whereas Dichlorvos was found effective in suppressing housefly population as compared to Dimilin formulations at the recommended dosage and frequency.

Conclusions: The study recommends Imidacloprid baits for housefly control and further field evaluation of Dimilin at higher frequency than currently recommended.

S-34

Study of drug prescribing practices at a tertiary care hospital

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Research Question: What are the drug prescribing practices prevalent at a tertiary care

hospital?

Objectives: To study the drug prescribing practices at a tertiary care hospital using some of the WHO core drug prescribing indicators.

Materials and Methods: The study was conducted at Goa Medical College Hospital in the year 2007. Drug prescriptions were randomly selected from the out-patient pharmacy of the hospital. Fifty prescriptions were selected per month over a period of one year and a total of 600 drug prescriptions were studied. Data collection was done with the help of a pretested predesigned format. The data was entered in an excel spreadsheet to prepare a database. WHO drug use core indicators for out-patient facilities were used to study the various drug prescribing practices.

Results: The WHO drug use core indicators analysed included: Average number of drugs per prescription, percentage of antibiotics, percentage injectables, percentage generics, percentage essential list drugs etc. The analysis is being conducted and the final results would be presented at the conference.

Conclusions: Study of drug prescribing practices helps studying the status of drug prescribing practices at a health facility and eventually in promotion of rational drug prescribing practices.

S-35

A profile of ICTC attendees at RIMS, Kadapa

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Research Question: what is the difference in the profile of HIV positive and HIV negative persons attending Integrated Counseling and Testing Centre (ICTC), Rajiv Gandhi Institute of Medical Research (RIMS), Kadapa?

Aim: To identify risk groups for HIV/AIDS for appropriate action.

Objectives: (i) To study the difference in the profile of HIV positive and HIV negative attendees of ICTC, RIMS, Kadapa. (ii) To identify the risk factors for HIV infection.

Materials & Methods: **Study subjects:** ICTC attendees of RIMS, Kadapa. **Sample size:** all the subjects attending during the period between 01-04-08 and 30-09-08. **Inclusion Criteria:** subject to consent. **Exclusion criteria:** patients coming for routine pre-operative screening.

Methods: A pre-tested questionnaire is administered to all the subjects and the data is collected by conducting personal interview. The data thus obtained is subject to clearing and analyzed with the help of Epi info software and the results are presented in the form of proportions with significance levels assessed by Chi-square test.

Results: 3218 persons attended ICTC in the study period. 18.18% of men, 20.17% of women and 55.56% of TG/TS were positive for HIV ($p < 0.05$). 9.19% of children below 14 years, 21.39% of persons in the age 14-49 yrs and 15.28% of elders above 50 yrs were positive ($p < 0.001$). Persons with education level of college and above are more affected (26.92%) with least among illiterates (17.98%) ($p < 0.01$). HIV is more in daily wagers (27.64%) and least among business class (2.37%) ($p < 0.001$). More HIV affection among married (21.77%) and least among divorced or separated (12.71%) ($p < 0.001$). Risk groups like MSM have more HIV cases (28.57%) with least among STD cases (8.87%) ($p < 0.01$). **Conclusion:** There is significant difference in the HIV status of people of different age groups with highest among the young (14-49 yrs), different literacy status with highest among college and above college

level education, different occupation groups with highest among daily wagers, different marital status with highest among married, different at risk groups with highest among MSMs. No significant difference in the HIV status among men and women but with significant difference with TG/TS.

Study variables: HIV/AIDS, ICTC, risk groups.

S-36

Factors influencing the level social support and social stigma of people living with HIV/AIDS

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Aims: (i) To assess the perceived social support and perceived social stigma of People Living with HIV/AIDS (ii) To identify the factors that influence perceived social support, and perceived social stigma

Methodology: The study was done among 200 PLWHA attending JIPMER, and three NGOs, from November 2005 to May 2007. Perceived social support was assessed using Multidimensional Scale of Perceived Social Support, which evaluates the social support from family, friends and significant others, using a 7 point Likert scale. Perceived social stigma was measured using HIV Stigma Scale which evaluates stigma using a 4 point Likert scale.

Results and Conclusion: Mean score in the 'Multidimensional Scale of Perceived Social Support' was 58.2 (score range 12 to 84), indicating that the sample subjects had relatively better social support. Average social stigma score was 88.2 (score range 28 to 112), indicating a greater stigma perceived by the study subjects. Social support was negatively influenced by stigma. Those PLWHA whose occupation had deteriorated after the diagnosis of HIV had poor social support. Older PLWHA and those with longer duration since diagnosis had lower stigma. Stigma was more among those who had not disclosed their HIV status. Support and stigma did not significantly differ between genders.

S-37

Health profile of HIV positive individuals at anti retroviral treatment centre at Kadapa district

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Research question: What is the health profile of HIV positive patients at ART Centre? **Aim:** The aim of the study to know the improvement in the quality of life among the HIV positive individuals.

Objectives: To know the demographic profile of HIV positive cases.

To find the CD4 count improvement among the ART initiated individuals.

Materials & Methods: This study was carried out at out patient department of Anti Retroviral Treatment centre at RIMS Hospital during the period from January 2007 to September 2008. About 7483 HIV positives were interviewed with pre structured questionnaire and Epi Info 2000 used for the statistical analysis.

Results: Out of 7483 HIV Individuals, about 91.6% people were in the age of 15-49 years of age group. About 28% people were having less than 200 CD4 count before initiation of treatment. Literacy status was significantly associated among HIV positive males ($P < 0.001$). Majority (82.6%) of HIV positive individuals were from daily labour occupation. In the present study most common opportunistic infection was pulmonary tuberculosis among the HIV positive individuals was about 31%. Out of 2113 ART individuals, about 35% of people developed different adverse reactions during the course of treatment. Before initiation of ART treatment, the mean value of CD4 counts 76.8 among those CD4 count less than 100 individuals. After one year with ART the mean CD4 count raised were about 219.65 among the same individuals.

Conclusion: In the present study about 7483 HIV positive individuals were participated, of which 91.6% people in the age group of 15-49 years. Statistically significant association was found with literacy status and occupation. Most common opportunistic infection noticed was pulmonary TB among HIV individuals. CD4 count increases with ART treatment.

Variables: Age-Sex-Occupation-Literacy-Opportunistic infections-Adverse reactions-CD4 count-SES.

S-38

A study on performance indicators of DOTS therapy at tuberculosis unit of Kadapa district, Andhra Pradesh

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Research Question: What is the Status Of performance indicators of DOTS Therapy at Tuberculosis unit of Kadapa district?

Aim: To improve the DOTS quality services at TU level of Kadapa district

Objectives: (1) To find the treatment outcome of sputum positive TB Patients
(2) To know the various risk factors associated with Tuberculosis

Materials and Methods: The present study is a hospital based descriptive study was carried out among the outpatients attending designated microscopy centre (DMC) at RIMS Hospital during the period from July 2007 to June 2008 as per the guidelines of RNTCP, about 7884 TB suspects were identified from OPD and diagnostic algorithm followed. Necessary statistical tests applied for analysis.

Results: New adult OPD turnover was 4, 73, 053 patients of which 7884 identified as T.B suspects and from those 456 patients were referred to various PHI. 99.2% of T.B patients were in the age group of above 15 yrs. 0.8% of TB patients were < 15yrs of age group. Among the 295 sputum smear positives the cure rate was about 83.7% and 4.1% patients died during the course of treatment. Overcrowding and Low Socio-Economic Status significantly associated with Tuberculosis.

Conclusions: The present hospital based descriptive study, involved 7884 TB suspects undergone sputum for AFB, of which 751 patients diagnosed as smear positive TB as per guidelines of RNTCP. Out of 751 patients about 456 TB patients referred to nearest PHC for DOTS. Remaining 295 smear positive were followed and 83.7% cure rate was observed and 4% patients were died. **Study Variables:** Age, Sex, SES, Overcrowding, type of TB, HIV & TB co-infection, Outcome.

Evaluation of cold chain practices in urban health centres of Bangalore Mahanagara Palike (BBMP) area

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Objective: To evaluate the cold chain practices in Urban Health Centres of BBMP area.

Methodology: This Cross-sectional study conducted during October-November 2008 in 3 zones of BBMP (98 health-centres; 6 referral hospitals). Cold chain practices such as equipments, storage code, and monitoring, training status evaluated using pre-tested checklist in all referral hospitals and in 50% randomly selected health-centres in each zone. In sub sample of 10% health centres, immunization session evaluated using a pre-tested checklist.

Results: All Medical Officers and ANMs trained in RI. Of 31, 35 and 32 health-centres, while 21, 16 and 20 centres have Ice lined refrigerators (ILR); only 14, 8 and 21 centres have deep-freezers in East, West and South Zone respectively; other centres still use Domestic refrigerators. All referral centres have ILR and Deep freezer. All centres have adequate cold boxes and vaccine carriers.

A comparative assessment of PHCs as per Indian Public Health Standards between an EAG state and a non EAG state of India

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Research Question: What is the difference in the existing standards between the PHCs of an EAG and a non EAG state as per the Indian Public Health Standards?

Aims and Objective: i) To assess the infrastructure, services & manpower of Primary Health Centers as per Indian Public Health Standard.

ii) To compare between the PHCs of an EAG state & a non EAG state.

Materials and Methods: Among the EAG states, Assam was purposively selected & similarly among the non EAG states, Karnataka was selected. From Assam, Dhubri district was again purposively selected & similarly from Karnataka, Gulbarga district was selected. Thereafter stratified random sampling was done taking each taluka of the selected districts as strata & randomly selecting a minimum of one PHC from each Taluka. Therefore the study was done taking 10 PHCs from Gulbarga district of Karnataka representing all the Talukas & 5 PHCs from Dhubri district of Assam representing all the Talukas.

Results and Observation: It was observed that new born care facilities were absent in all the selected PHCs of Dhubri district while it was available in 70% of the selected PHCs of Gulbarga District. Monitoring and Supervisory activities were satisfactory in both the states. Manpower availability was better in the EAG state as compared to the non EAG state while infrastructure adequacy was better in the non EAG state. Availability of diagnostic facilities including routine tests was better in the non EAG state while tests for TB and Malaria in specific were better in the EAG state. All the selected PHCs of Gulbarga district were catering

a population below the 30,000 norm while all the selected PHCs of Dhubri district were catering a population above 200000(Two lacks) which is about 6-10 times more than the defined norm.

Conclusion: Overall quality of Primary Health Care was found to be better in Gulbarga district (non EAG state) as compared to Dhubri district (EAG state).

S-41

Study of domestic violence among the women in a Goan community

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Research Questions: (1) What proportion of 18-45 year aged women in Goa has experienced domestic violence? (2) What are the socio-cultural determinants of domestic violence in the community?

Objectives: To study the magnitude, and the socio-cultural determinants of domestic violence against women aged 18-45 years.

Material and methods: 460 women were selected randomly from the latest voter's list in the Caranzalem ward of Tiswadi taluka of the North Goa district. The subjects were interviewed using a structured questionnaire by a lady interviewer between October-December 2007. The data was manually analysed, and results expressed as proportions. Chi-square test was employed at 5% level of significance to rule out random error.

Results: One hundred and three women (22.4%), out of 460 had been the victims of domestic violence in the three months preceding the survey. The perpetrator was husband in 77.8% of the cases, and more than 70% of these incidents took place when husband was under the influence of alcohol. The victims primarily included those in currently married relationship, early years of marriage, lower level of literacy and working women. Eighty nine percent of the victims preferred to maintain silence about the incidence, primarily for the reasons of safeguarding the marital relationship and not to cause distress to their parents.

Conclusion: Legal aids against domestic violence are readily available, but grossly underutilized. Women empowerment in the form of education and economic independence may change the women's response to domestic violence.

S-42

Impact of public private partnership in strengthening the health care services of RCH in urban slums

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Research Question: What is the role of PPP in strengthening the health care services?

Aims & Objectives: (1) To provide comprehensive health care services to the residents of the study area. (2) To increase awareness regarding health. (3) To improves the health seeking behavior.

Material & Methods: the study was conducted in collaboration of department of community medicine, HIHT, Dehradun and SCOVA. The study population was purposively selected which constituted of residents of urban slums of Rhishikesh with a total population of approximately 12,000. **Study period:** 8 months (August 2006 to March 2007).

Methodology: A Baseline survey was conducted within 1st 3 months to assess the health needs of the community and to plan an effective strategy. The various activities performed were General OPD, Referral services and IPD for seriously ill patients, Ante natal/ postnatal care & promotion of institutional delivery, Family planning services. Immunization for under five children and pregnant women & IEC activities. The results were analyzed using Microsoft excel and using relevant statistical tests. **Results and conclusion:** with the concerted efforts of the team of doctors, CHVs and health educators by the end of study period 90 % & above coverage of ANC and 0-1 year children registered was achieved. Referral services to all the identified high-risk mothers and increase of 20 % in institutional deliveries, Over 80 % coverage of 1 – 5 year children under immunization and 30 % increase in the FP clients above the baseline was also achieved. Therefore, PPP can play a very positive role in strengthening of healthcare services.

S-43

A cross sectional study on health status of adolescent girls in an urban community

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Objectives: Address health problems among adolescent girls

To suggest measures for improvement of health status of adolescent girls

Method: A community based cross sectional study was carried out through interview technique, clinical and anthropometric assessment. The data was collected in a pre-designed and pre tested Performa among 250 adolescent girls aged 13 -19 years in an urban community Rajapur Gulbarga during the period of 2004March to 2005 March.

Result: The results revealed that 94% were anaemic, 52.4% were chronic energy deficient, 37.2% had menstrual problems, 20% had skin infection, 14.01% had respiratory infection and 11.3% had other health problems. **Conclusion:** Adolescent girl anaemia is great public health problem and could be addressed through distribution of IFA tablets either in schools or at house hold level. Chronic energy malnutrition or BMI has a bearing effect on menstrual pattern and health status of adolescent girls ($p < 0.05$ & $p < 0.001$ respectively).

S-44

Risk factors of breast cancer and validation of Gail model breast cancer risk assessment tool in estimating the risk for development of breast cancer in women of Kerala, India

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Background: Breast cancer is the commonest cancer among females in the state of Kerala,

India. Gail et al. model is considered the best available means for estimating an individual woman's risk of developing breast cancer. Such estimates are useful in designing prevention trials, and in targeting screening and prevention efforts¹.

Objectives: To determine the usefulness of Gail model Breast cancer risk assessment tool in identifying women at high risk for breast cancer in Kerala, and to study the risk factors of breast cancer to formulate a Logistic regression model for prediction of women who are at high risk for breast cancer.

Methods: A case control Study was conducted at Regional Cancer Center Trivandrum by including all breast cancer patients admitted for surgery from 1st of September 2003 to 31st December 2004 (Case n=660 and controls n=920). Participants were interviewed using a proforma. Gail's tool was used to calculate risk. The participants were grouped as High, Normal or Low risk with regard to their risk in comparison with the general population score given in the calculator. Sensitivity and specificity of the model was found out. Unconditional logistic regression was used to estimate odds ratio 95% confidence intervals (C.Is) and for the final Model.

Results: The Mean Score of cases was 0.872(SD 0.460) and that of Controls was 0.731(SD 0.403). (t=5.392; Sig.000). Overall sensitivity is 14.2 and specificity is 89.2. The major risk factors of breast cancer were age, irregular periods, previous history of breast biopsy, presence of first degree relatives with breast cancer, history of abortion, absence of live birth; late age at first live birth, post menopausal status and absence of breast feeding. Breast feeding provides protection against Breast Cancer. Age of menarche was not found to be as a risk factor for breast cancer. A new model was made using the identified risk factors: $XB = (-3.657) + (0.044 \times \text{Age}) + (0.445 \times \text{Periods}) + (1.432 \times \text{BiopsyYN}) + (0.797 \times \text{FRLBCYN}) + (0.284 \times \text{ABORT}) + (0.569 \times \text{LIVEBIYN}) + (0.524 \times \text{STATUSME}) + (0.680 \times \text{BFYESNO}) + [(0.510 \times \text{CODE4FLB}(1)) \text{ or } (1.090 \times \text{CODE4FLB}(2)); \text{ or } (1.310 \times \text{CODE4FLB}(3))]$

Conclusion: Gail Model cannot be used to predict high risk women in Kerala. A new model formulated based on the identified risk factors should be more useful in community wide screening programmes in Kerala.

S-45

Morbidity pattern among women of reproductive age group in field practice area of community health training centre, Rajapur

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Research question: What is the prevalence of morbidity in women of reproductive age group and what are the various factors influencing their health?

Aims & objectives: (i) To study prevalence of morbidity in women of reproductive age group (ii) To study various factors influencing health of women in reproductive age group.

Materials & methods: A cross-sectional study was carried out among women of reproductive age group 15-44 years in field practice area of CHTC, Rajapur, Gulbarga, from November 2005 to October 2006. Sample size of 203 was calculated and systematic random sampling done. The women were interviewed using pretested proformas. Haemoglobin estimation was done by Sahli's method. Statistical analysis was done using percentages and chi-square test. Analysis was done separately for general morbidity, gynaecological morbidity and anaemia.

Results & conclusion: Prevalence of general morbidity was 31.03%. General health problems included dental caries in 6.40%, body aches in 5.91% and respiratory tract infections in 5.42%. Education and anaemia were significantly associated with general morbidity. Prevalence of gynaecological morbidity was 52.22%. Common gynaecological problems included menstrual problems in 41.38% and white discharge in 12.81%. Association between anaemia and gynaecological morbidity was significant. 59.61% of women were diagnosed to have anaemia. Occupation, parity and BMI were significantly associated with anaemia.

S-46

An average age at menarchae, marriage and first pregnancy of girls residing at village Chanai of Marathwada division of Maharashtra

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Research Question: What is an average age of girls at menarche, marriage and first pregnancy, residing at village Chanai of Marathwada division of Maharashtra?

Aims and Objectives: To determine the average age at menarchae, marriage and first pregnancy of girls in the rural area.

Materials and methods: 512 married women were interviewed in the present study, conducted at village Chanai. Period of the study was one year i.e. 1st September 2005 to 31st August 2006. Data regarding age at menarchae, marriage and first pregnancy were collected and statistical analysis was carried out.

Results and Conclusion: The mean age at menarche, marriage and first pregnancy was 13.9 years, 16.02 years and 17.78 years respectively. It is now necessary to pay attention towards "Promote delayed marriage of girls, not earlier than age 18 years", a goal mentioned in the National socio-demographic goals to be achieved by the year 2010. This study has revealed that an average age at marriage is less than the legal age i.e. 18 years, at marriage, recommended in child marriage restraint act 1978.

S-47

Study of sexual growth & development of the adolescents in district Dehradun

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Research question: What is the pattern of sexual growth and development?

Aim & Objective: To find out the pattern of sexual growth and development among adolescents. **Methodology:** A cross-sectional study was conducted in Doiwala Block, District Dehradun (Uttarakhand). The study group comprised of 840 adolescents, selected by multistage stratified random sampling. Data was collected on a structured and pre-tested questionnaire by interviewing the adolescents and was subsequently analyzed by using epi info statistical package. **Results:** About 91.7 % of the adolescent boys and 89.7 % of the adolescent girls had given the consent for assessing the Tanners' Sexual Maturity Rating

(SMR) stages. The mean weight of the late adolescent boys (52.7 Kg) and girls (50.61 Kg) was found to be highest in those who were having SMR IVth stage and SMR Vth stage respectively. About 46.4 % of the adolescent boys had attained spermarche and majority of them (45.1 %) were 15 years old. A maximum of 45.1 % of the girls who had menarche belonged to 12-13 years of age. **Conclusions:** With the increase in age, mean weight and mean height, the SMR stages also go up accordingly. **Key words:** Adolescent, sexual maturity rating (SMR), sexual growth, spermarche.

S-48

Effectiveness of 'awareness sessions' for enhancing knowledge regarding rabies among college students

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Research question: What is the knowledge gained by college students after attending 'Rabies Awareness Session'?

Study design: Non Randomized Study [Before and After Comparison study without Control].

Setting: All colleges situated in Maddur town of Karnataka. **Methodology:** 1434 students answered a pre-designed and pre-tested questionnaire before the 'Rabies Awareness Session'. Then 'Rabies Awareness Session' was conducted, in batches of about 100 students, using Power Pont Presentation, Video Clips and Question-Answer session. One month later the students answered the same questionnaire. The answers of the pre-session questionnaire and the Post-session questionnaire were compared.

Results: Before the 'Rabies Awareness Session', 46.4% knew that rabies is caused by a virus. 52.6% knew that it is transmitted by dogs & cats. 42.6% knew that rabies is 100% fatal. 16.3% knew that symptom of rabies in man is hydrophobia. 53.1% knew that the bite wound should immediately be washed with soap & water. After attending the 'Rabies Awareness Session' the knowledge of the students regarding various aspects of rabies and its prevention significantly increased.

S-49

Community perception regarding mosquito-borne diseases in rural area

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Research Question: What is community perception regarding mosquito-borne diseases in rural area

Aims and objectives: 1.To determine the perceived risk by the community of mosquito-borne diseases. 2. To determine the level of knowledge regarding mosquitoes

Materials and methods: A cross sectional study was undertaken in the catchment area of RHTC, Prathipadu of Guntur district in month of June 2008.430 households were selected by systematic sampling method. Predesigned and pretested proforma was used to collect information. **Results:** 86% of respondents had heard about malaria and 56% were aware of

the mode of transmission. 41 % had the proper knowledge of the mosquito breeding. Majority of the respondents were of the fact that fever with chills was the most common symptom of malaria. 27% did not practice any personal protective measures at all, despite widespread prevalence of diseases. **Conclusion:** Despite good knowledge of malaria, adoption of mosquito control methods was poor in the community.

S-50

KAP study of immunization among respondents of children aged 12-24 months

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Research question: What are knowledge, attitude and practice towards immunization among respondents of children aged 12-24 months?

Aims and objectives: To determine knowledge, attitude and practice towards immunization among respondents of children aged 12-24 months

Materials and methods: A total 300 respondents were interviewed in RHTC, Prathipadu of Guntur district using universal sampling technique from January 2008 to June 2008. A pretested structured questionnaire was used to elicit the information about the knowledge, attitude and practice of respondents regarding immunization

Results: Knowledge regarding disease prevention, no of doses and correct age of administration of BCG was highest among all the categories of respondents. Paramedical worker was the main source of information to respondents (52%). 92% of respondents received BCG, DPT1 whereas only 36% children received measles vaccine. Major causes for non/partial immunization were fear, complication after receiving DPT injection and not aware of importance of immunization

Conclusion: The study point out the need to create awareness about vaccine preventable diseases, importance of routine immunization among people and at the same time improving quality of services

S-51

Comparative study on different types of growth monitoring charts

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Research question: To determine the practical application, acceptability and feasibility of different types of growth monitoring charts.

Aim & objectives: (i) To assess the practical application, acceptability and feasibility of different types of growth monitoring charts. (ii) To compare the findings of Growth charts with each other.

Materials & methods: **Duration of Study:** 6 months. **Type of Study:** Cross Sectional Study. **Setting:** Field practice area of Department of Community Medicine, Himalayan Institute of

Medical Sciences. **Participants:** All the children registered at Anganwadi Centres (AWCs). **Statistical Analysis:** Percentages, Proportion, Chi Square test.

Results: The study was conducted among 02 AWCs per field practice area thus a total of 06 AWC were involved in study. None (100%) of the Anganwadi worker (AWW) were not aware of the new WHO Growth monitoring curves that had been already in vogue by GoI since 2007 for assessing the status of malnutrition in children. The overall prevalence of malnutrition on comparison with ICDS, IAP and new WHO growth monitoring curves showed a marked variation i.e. 53%, 45% and 40% respectively ($p < 0.05$)^{*} in children (0-6 years) registered in AWC.

Conclusion: The resolution of adoption is still on paper that needs to be enforced at all levels of implementation and there is an urgent need of conducting a on job training of AWW.

S-52

Study on awareness of dots and MDR-TB among interns in medical colleges of Bangalore

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Aim and Objective: To assess the knowledge regarding tuberculosis (TB), MDR-TB and XDR-TB and DOTS among young medical graduates (interns).

Materials and Methods: A pre-tested semi-structured questionnaire consisting of 33 items was administered to the young medical graduates/interns posted in different departments. The questions covered mode of transmission, symptoms of pulmonary TB, investigations, short course chemotherapy including DOTS as well as conventional anti-tubercular treatment, special situations, chemoprophylaxis and questions on MDR-TB and XDR-TB.

Results: A total of 207 interns were surveyed. 38.16% interns correctly responded to cardinal symptom of tuberculosis. However, a mere 18.84% study subjects were aware of all modes of transmission. One hundred and twenty four (59.9%) correctly chose sputum examination for acid fast bacilli as the single most confirmatory test for diagnosing pulmonary TB. Only 0.48% could correctly mention the duration of conventional chemotherapy. 69.57% marked streptomycin as the agent to be avoided in pregnancy. A mere 7.25% of them could correctly write the Cat-II regime.

Conclusion: MDR-TB and now XDR-TB is adding to the already existing burden of Tuberculosis in India. There is a need for appropriate changes to be made in the undergraduate medical teaching/training curriculum so as to control TB before it becomes resistant to the first line drugs.

S-53

Prevalence of overweight and obesity among adults ≥ 30 yrs in a rural area of Tamilnadu

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Research Question: What is the prevalence of overweight among adults?

Aim and Objectives: (i) To study the prevalence of overweight among adults ≥ 30 yrs in a rural area of Tamil Nadu. (ii) To study the association of overweight with socioeconomic status of study population. (iii) To study the association of overweight with known diabetics and hypertensives. (iv) To study the distribution of waist circumference with normal BMI.

Materials and Methods: The community based cross-sectional study was designed to investigate the prevalence of overweight and obesity in a rural community in the age group of ≥ 30 years. Five villages were selected by simple random sampling. The total surveyed populations were 1905. Pre-designed and pre tested questionnaire was used for personal interview. Anthropometric measurements were used to calculate BMI. Adults having BMI $>25\text{kg/m}^2$ - $<30\text{kg/m}^2$ were defined as overweight and those having BMI $\geq 30.0\text{ kg/m}^2$ were labeled as obesity.

Results: Prevalence of overweight (22.2%) and obesity (5.5%) was observed among 1905 respondents comprising of 950(49.8%) males and 955(50.2%) females. Majority of adults (97%) were Hindus. Maximum adults(61.8%) having BMI $\geq 25\text{kg/m}^2$ belonged to the age group 40-59 yrs. Obesity was higher among females (6.6%) as compared to males (4.7%). Overweight and obesity was higher among literates (29.3%). 41% of fishermen were obese. 64% of obese adults belonged to middle and lower middle class. Prevalence of overweight and obesity among smokers and alcoholics was less as compared to non smokers and non alcoholic adults. Males (2.9%) and females (21.8%) having normal BMI had waist circumference $\geq 102\text{cms}$ and $\geq 88\text{cms}$ respectively. 45.1% and 35.2% of overweight/obese individuals ($\geq 25\text{kg/m}^2$) had hypertension and diabetes respectively.

Conclusion: Prevalence of overweight and obesity associated with rising age, literacy and socioeconomic status are a cause of concern for an emerging public health problem in rural areas.

Keywords: BMI, overweight and obesity, adults

S-54

Reality Bites... incidence of animal bites and health seeking behavior of animal bite victims in rural Anekal taluk

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Background: Incidence of animal bites in rural India is high and epidemiological studies pertinent to the same are few. Knowledge of the overall situation and its epidemiological determinants and treatment seeking patterns of bite victims can help develop strategies to tackle the problem

Research Question: What is the incidence of animal bites among residents in rural areas of Anekal Taluk and treatment seeking behavior of these victims?

Materials and methods: Descriptive study undertaken in 2005 in rural areas of Anekal Taluk, South India surveying 13,398 persons.

Findings: 225 episodes of animal bite were reported during the year preceding the survey, annual incidence of all bites being 16.8 per 1000 population surveyed. No mortality was attributed to animal bites during the period. Dog was the biting animal in 68.9% cases. Most affected were aged 15-44 years, males, hailed from middle and lower class, engaged in

outdoor vocations and sustained bites enroute to work/school. Wound toileting and application of indigenous substances was done by most victims. 80% of victims sought some form of treatment, majority seeking treatment within 3 hours of bite, and first visiting a government facility. Treatment seeking was significantly higher among those aged less than 15 years. Non-treatment was significantly higher among the lower class and reported due to lack of treatment facilities. Costs and workdays lost for treatment was highest for dog and snakebites.

Recommendations: Intensive health education regarding animal bites and their implications and legislations to ensure adequate treatment facilities for the same needed. .

S-55

Prevalence of risk factors among HIV positive cases in Udupi municipality area, Karnataka

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Introduction: HIV/AIDS has established itself into a global pandemic. Research to date has identified the key risk behaviours for HIV transmission to be unprotected anal and vaginal intercourse, having multiple sex partners, and using nonsterile drug injection equipment. Many HIV-infected individuals continue to engage in high-risk sexual behaviour, potentially placing their partners at risk for acquiring HIV infection.

Objective: To study the socio-demographic characteristics, high risk sexual behaviour and other risk factors among HIV positives. **Methods:** Retrospective Descriptive study was conducted during July 2008. A total of 467 individuals detected to be HIV positive at Integrated Counselling and Testing Centres (ICTC) In the year 2006. The data from counselling forms of HIV positive cases from two ICTCs in Udupi Municipality area was collected and analysed using SPSS 11.5 version. **Results and Conclusions:** Study included 467 HIV positive individuals, of which 309 (66.3%) were males and 157 (33.7%) were females. Most of the individuals i.e. 325 (69.6%) were within the 30-49 age group. 329 (70.9%) of them were married and majority i.e. 129 (27.9%) patients received education only up to secondary level. 356 (83.8%) cases gave a history of unprotected sexual intercourse and 58 (19.3%) had intercourse with commercial sex workers. 239 (68.7%) consumed alcohol before intercourse. High risk sexual behaviour of the partner was seen to be the most common risk factor, seen in 199 (52.9%). Only 51 (12.2%) of individuals got their spouse tested and 39 (78%) of them were positive. The study indicates that, this population engages in sexual behaviors that may place them at risk for HIV infection. Intensive education programmes should be implemented targeting towards the different groups in the community.

S-56

A study on the profile of gastric cCarcinoma patients admitted to Kasturba Hospital, Manipal, Karnataka

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Research Question: What is the profile of gastric carcinoma patients admitted to Kasturba

hospital, Manipal?

Objectives: To determine the clinical profile of gastric carcinoma patients by age, gender, habits, presenting features and stage of diagnosis.

Materials & Methods: Study Design: Record based study. **Setting:** Kasturba Hospital, Manipal. **Study Period:** February to March, 2008. **Study subjects:** 267 gastric carcinoma cases admitted from January 2003 till December 2005. **Data collection and analysis:** Pre-designed Proforma was used to collect the data from the case files. Data was tabulated and analyzed by using SPSS, version 11.5 for windows. Findings were described in terms of proportions.

Results: Majority of patients (77.5 %) was in the 6th to 8th decade of life and three quarters of patients were males. 56.3% smoked and 49.7% took alcohol regularly. Most common symptom was pain abdomen and most common sign was pallor. Most of the cases (45.9%) were diagnosed in stage IV. **Conclusion:** It is very essential to rule out gastric carcinoma in elderly males with pain abdomen, loss of weight, loss of appetite or pallor and educate the public to approach the doctor at the earliest.

S-57

**A cross sectional study to assess factors affecting
family planning practices in two semiurban communities**

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Research question: To Assess Factors Affecting Family Planning Practices

Aims & Objectives: To study family planning practices in married females in the age group 16- 45 yrs residing in two semi urban communities and to find out the influence of socioeconomic and demographic features in the family planning practices.

Material & Methods: The study was carried out at two semi urban communities with estimated population of 1956 and 557 respectively. Unit of study was a married woman in reproductive age group 16-45 years. This was a cross sectional point prevalence study. A close-ended, pre tested structured interview schedule was prepared. The total sample was 267.

Results: Prevalence of current contraceptive use in the study population was 57.87%. Majority of users belong to age group 25-34 years (65.17%). Contraceptive use among eligible respondents varied significantly with number of living children. The prevalence of tubectomy was maximum (48%) in the category of couples with two children but declined among those with three (29.66%), four (16.94%), five or more children (5.26%). The use of temporary methods was maximum (55.17%) among those with one child and decreased as the number of children increase. The prevalence of contraceptive use increased with increasing literacy levels up to middle school level when compared to literate up to or beyond high school level. There was no significant relationship between type of family and contraceptives use. Contraceptive prevalence was low (29.38%) in the lower and upper lower class when compared to the lower middle and upper middle class (45%). Contraceptive use by the couple and inter spouse communication about family planning are significantly related.

Conclusion: India is the first country that adopted an official family planning programme, as early as 1952. However fifty years later this has not prevented the population exceeding the one billion mark. It is obvious that despite good intentions and concerted efforts we have

failed in controlling our population. As has been demonstrated in the present study literacy and socioeconomic status have a bearing on limiting the family size and adopting family planning. Thus more formal and informal education of the women should be stepped up. The objective of limiting the family size cannot be attained by increasing the number of contraceptive users only. If the couples adopt family planning after completing the family size the objective of small family norm will never be achieved. We have to intensify the publicity campaign highlighting the benefits of small family and to make the individuals understand the concept of ideal family size.

S-58

Asthenopia (eyestrain) in working children of gem polishing industries Jaipur, India

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Background: Working children of gem polishing units are exposed to poor illumination and improper workstations. Also processes require lot of visual and mental concentration for precision. This may result in the eyestrain.

Aims and objectives: To find out the prevalence and the associated factors of eyestrain in working children of gem polishing units.

Methods: The study included 432 exposed and 569 comparison group subjects. Self reported eyestrain was recorded through personal interview. Eyestrain included symptoms like itching, burning, or irritated eyes; tired or heavy eyes; difficulty seeing clearly (including blurred or double vision); and headache. The study variables included age, sex, daily working hours and duration of exposure.

Results: The prevalence of eyestrain in child labourers was 32.2%, which was significantly more than the comparison group subjects. Also the working children of gem polishing units were at 1.4 times higher risk of developing eyestrain. Age ≥ 14 years and female sex was significantly associated with the eyestrain.

Conclusions: The prevalence of eyestrain in child labourers was 32.2% and was associated with age ≥ 14 years and female sex.

S-59

Monitoring of IMNCI activities in Dibrugarh district, Assam

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Introduction: IMNCI is a strategy to reduce childhood mortality. Dibrugarh District is a pilot district for Northeast India to implement it.

Research question: What is the quality of IMNCI training in Dibrugarh Dist of Assam?

Aims and objectives: To assess the quality of IMNCI training & evaluate implementation in a PHC area.

Materials and Methods: Administrative data analysis and cross-sectional study in a block of Dibrugarh district from August 2008 to September 2008.

Results: 87.6% of health and nutrition workers were trained in IMNCI. Mean of the Quality of training, assessed by scoring system was 87.5 (SD- 4.8 and range 74 – 94). Post training follow-up of trained worker not done within 4 to 6 weeks of training. Drug supply was irregular. Trained workers visited 48.2% of newborns within 24 hours of birth. 64.8 % babies got three post natal home visits within 10 days of deliveries. 34.1% sick infants between 0-2 months and 25.05% between 2 months to 5 years were referred.

Conclusion: In spite of good training score there is a gap in implementation. No follow up has been done within 4 to 6 weeks of training. Timely supervision, ensuring supply of medicines, and strengthening record keeping can make it a success story.

S-60

Effects of chronic exposure to various pesticides on grape garden workers

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The objective of this study is to collect baseline information on the morbidity profile of grape garden workers as a result of chronic high level exposure to pesticides and former's correlation with duration of service. During 2002 to 2005, a total of 204 male workers, applying pesticides in grape gardens, comprised the study group and 200 male workers never exposed to pesticides were control group. Symptoms comprise CNS related (anxiety, confusion, apathy, nervousness), peripheral nervous system related (burning/ loss of sensation, weakness of fingers & toes), general (anorexia, weakness), & cutaneous (rash, eruptions, itching, acne). CNS & PNS related symptoms were significantly more in study group, while cutaneous & general symptoms were common in control group. Serum cholinesterase was estimated by both kinetic as well as simple colorimetric methods. Significant depression was observed in study group. In both groups, frequency of symptoms of CNS & PNS increased with increasing duration of service, however general & cutaneous symptoms showed mixed picture. Serum cholinesterase levels significantly decrease with increasing length of service, suggesting chronic, cumulative depression of serum levels & its impact on human morbidity. **Key words:** Serum cholinesterase. Pesticide exposure, Colorimetric method, Kinetic method

S-61

Study respiratory health of school children and determine predicted equation of Peak Expiratory Flow Rate (PEFR) and Peak Inspiratory Flow Rate (PIFR) in school children – A pilot study

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Methods: A pilot study was planned to find an association of PEFR & PIFR values by using "Mini Wright's Peak Flow Meter with EU Scale", with a view to use this equation to predict respiratory deficiency disorders amongst healthy school children. 429 children studying at Symbiosis school were administered a questionnaire & PEFR & PIFR values were recorded by well-trained personnel. Results: 156 were boys & 271 were girls with mean age of 7.32 years (Range: 5-14years). Respiratory symptoms were reported as follows: (a) Wheezing

/whistling in past 12 months. (b) Wheezing /whistling at any time in past Asthma. (c) Wheezy during /after exercise. (d) Dry cough at night. (e) Sneezing /runny nose/ blocked nose. (f) Ear pain / ear discharge. (g) Itchy Rash & Others. This shows that a large number of students have allergic respiratory symptoms & dispositions. Multiple linear analyses showed a strong co-relation between Age, Height & Weight for PEFR. However, out of these three, height was the only significant factor predicting PEFR values.

Conclusion: This study shows that school children have a high prevalence of allergic respiratory symptoms. The study makes an effort to find out association between these symptoms & PEFR values. The predicted equations are $PEFR \text{ (lt./min)} = -185.57 + 2.91 * \text{height (in cm)}$ [for Boys] and $PEFR \text{ (lt./min)} = -208.08 + 3.01 * \text{height (in cm)}$ [for Girls]. The predicted equations are $PIFR \text{ (lt. /min)} = -93.25 + 1.23 * \text{height (in cm)}$ [for Boys] and $PIFR \text{ (lt./min)} = -55.40 + 0.87 * \text{height (in cm)}$ [for Girls]. The workers in this study have made an effort to find out utility of PEFR & PIFER values to predict their possible association with the respiratory deficiencies / diseases amongst healthy school children & to develop a predictive equation for PEFR & PIFR values. However, they recommend that additional studies in this regards are required before a final answer is available.

Key words: Healthy School children; Allergic respiratory symptoms ; predicted equations of PEFR & PIFR .

S-62

Importance of preventive health check up of students in educational institutes: The Symbiosis model

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SCHC, Pune

Objective: To evaluate the health status of School & College students of Symbiosis in the academic year 2007-08

Study Design: Cross sectional. **Setting:** Symbiosis Centre of Health Care (SCHC), Pune

Subjects: 3531 school students from Symbiosis Schools & 7824 college students from Symbiosis Institutes were examined during the academic year 2007-08.

Method: It is needless to emphasize the importance of early diagnosis & treatment/prevention of diseases through preventive health check ups of school & college students. Since 1997, SCHC has been following the above practice. School & college students underwent comprehensive annual health check up in an organized manner at SCHC. They were examined by specialists in various disciplines a health record was maintained in the Health File. The students were advised treatment & follow up as required.

Results: School Health Check up revealed that 1140 students (32.3%) had a Refractive error. Caries were detected in 928 (26.3%) students. Malocclusion of teeth was detected in 277 (7.8%) students. College Health Check up revealed that 1658 (21.19 %) students had Refractive error. 1810 (23 %) students had Dental problems such as Caries (10.64 %), Malocclusion (1.41 %), and stains (11.06 %). In Sonography of abdomen & pelvis, Renal calculi were detected in 22 students (0.55%), Gall stones were diagnosed in 13 students (0.32%) & Fatty Liver was detected in 40 students (1 %).Ovarian cyst was detected in 16students (1.20%). 10 students had hypertension. 178 students were diagnosed to have Anaemia. 188 students had Eosinophilia one case of Chronic Myeloid Leukemia was picked

up in a totally asymptomatic student by the simple WBC count done during his annual medical check up.

Conclusion: This study highlights the importance of preventive health check up in school & college students and early diagnosis & prompt treatment of many conditions. It is recommended. Similar model be adopted by other educational institutes & administrative authorities at state & national level which will go a long way in improving the health status of young generation.

Key Words: Preventive health check up, young students, early diagnosis & treatment

S-63

A post epidemic evaluation of the awareness of vector habits of Chikungunya and its prevalence in a rural area of Kerala

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Research Question: 1) What is the awareness of people regarding the vector habits of Chikungunya? 2) How prevalent is the vector in Nayarambalam panchayat?

Objectives :(1)To assess the awareness of the community on vector habits of Chikungunya. (2) To find the prevalence of the vector.

Materials and methods: A cross sectional study was conducted in 50 houses from 6 randomly selected wards of Nayarambalam Panchayath, Ernakulam dist., Kerala.. One adult family member was interviewed with semistructured questionnaire and the environment around was observed.

Results: Type of mosquito that spreads Chikungunya was known to only 31 % of the respondents though 69% knew that the mosquito breeds in artificial water collections..

The houses of those who had participated in mosquito control activities were two times more likely to be free of vector breeding. (C.I 1.3 - 4.3.) Respondents who had received information regarding Chikungunya were significantly more likely to participate in future control activities. House Index of the panchayat was 18 and that of 4 wards were high (>10). Breteau Index (BI) of two wards were high (>50). All the samples identified were Aedes Albopictus.

Conclusion: The specific awareness about vector breeding was good but this was not translating into practice.

S-64

A study of environment in relation to certain enteric infections with special reference to water supply in rural areas

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Research Question: Is there any significant relation of drinking water from different types of sources and other known associated factors like environmental sanitation, S.E.Status and personal factors with prevalence of enteric diseases?

Aim & Objective: To bring out the relationship of various types of sources of drinking water supply vis-à-vis other factors with prevalence of enteric diseases in a rural area.

Materials & Methods: The present study was undertaken from November 1978 to June 1979 in selected areas: 'A' - Village Gauri located on Lucknow-Kanpur Road with 87.4 percent people dependent on shallow wells and 7.92 percent on hand pumps, (shallow tube wells) and Area 'B', where 65.42 percent had water supply from deep tube wells and the remaining from hand pumps and shallow wells. The study population included 58.02 percent (926/1596) from Area 'A' and 93.34 percent (561/601) from Area 'B'. Interview method was used for collecting the required information from the head or any adult member of the family.

Salient Findings: The difference in prevalence of enteric diseases in Area 'A'; and 'B' was not statistically significant ($Z=1.5$; $P>0.05$). The difference in prevalence amongst individuals dependant on shallow wells and hand pumps was over 84/1000, and those dependent on deep tube wells was 44/1000, hence statistically significant ($\chi^2=9.18$; d.f.=03; $P<0.05$) Examination of 'satisfactory' water at domestic end and the stored water quality was found 'unsatisfactory' making thereby the difference of prevalence in relation to quality of water statistically 'insignificant' ($\chi^2=1.09$; d.f.=1; $p>0.05$) Significant difference was observed in the prevalence amongst those observing 'good' and 'fair' personal hygiene ($\chi^2=4.64$; d.f.=1 $P<0.05$) Significant difference was also observed in the prevalence between two Areas, when 'high' and 'moderate' fly density was considered ($Z=1.97$; $P<0.05$ and 2.59 ; $P<0.01$)

Conclusion: Safe human and animal excreta disposal is essential to avoid water contamination. Improvement of personal and family hygiene is equally important to maintain quality of water. Health education on consumer's responsibilities to maintain the quality of water, food and water hygiene at home and outside and family habits viz; washing of hands, bathing, cooking and eating have no less significant impact on prevalence of enteric diseases. Hence, due attention has to be emphasized on other associated environmental, SE and personal factors along with heavy investment on provision of safe drinking water supply.

S - 65

Antibiotics in the aquatic environment of India: A case study of hospital waste water

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Introduction: The occurrence of pharmaceuticals in the environment has become an important public health issue in the recent past. Hospitals are point sources releasing drugs, particularly antibiotics, continuously and consistently in the environment. While awareness and proof of this release exists in the developed countries, there is not much evidence collected in this context in the developing world.

Aim & Objective: To investigate the levels of prescribed antibiotics in the waters associated with two hospitals in India

Materials & Methods: Samples collected from hospital associated waters were subjected to solid phase extraction combined with high pressure liquid chromatography –tandem mass spectrometry, to estimate selected prescribed antibiotics in the hospital water matrices.

Results: The incoming water were free of antibiotics, however, metronidazole, norfloxacin, sulfamethoxazole, ceftriaxone, ofloxacin, ciprofloxacin, levofloxacin and tinidazole were detected in the range of 1.4 - 88.4 $\mu\text{g/L}$ in hospital effluents.

Conclusion: Presence of antibiotics in the aquatic environment can have serious implications in India, because wastewater treatment facilities are generally lacking. As everywhere else hospitals are scattered all over, this can lead to occurrence of foci of resistant bacteria and of the genotoxic and bio-toxic antibacterials over a very large area of the country.

S - 66

To study the effect of education on awareness of outreach workers in HIV/AIDS at Andhra Pradesh

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Research question: Does education have any affect on the awareness of outreach workers in HIV/AIDS?

Aim & Objective: To study the effect of education on the awareness of outreach workers working in prevention of HIV/AIDS.

Material and Methods: Cross-sectional study through partially closed ended questionnaire on outreach workers using Epi Info Version 3.5.1.

Results: Among 112 outreach workers 54% had secondary education ($\leq 10^{\text{th}}$ standard) and 46% had higher education (10+2, graduation, post graduation). 85% of them with secondary education and 100% of them with higher education know about HIV diagnostic tests. Both groups have 100% knowledge of modes of transmission of HIV, misconceptions of transmission, preventive measures of transmission of HIV, TB as the most common opportunistic infection in people living with HIV .Of the 112 outreach workers, 84% were trained for more than one day and among these 95% know about diagnostic tests 77% know about opportunistic infections.16% of them had one day training, of which 63%&50% know about diagnostic tests and opportunistic infections respectively.

Conclusion: Training programmes and not educational status influence the awareness of HIV/AIDS in an outreach worker. More training programmes must be directed to improve the knowledge levels in Outreach workers.

S- 67

Assessment of knowledge based practices on nosocomial infections of health care providers in a tertiary care setting in Kerala

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Objectives:(1) To assess the level of knowledge of Health care providers about nosocomial infections (2) To bring about awareness and through that influence positively the attitude of health care providers regarding infection control procedures.

Materials and Methods: Interventional study among health care providers. Pre and post exposure awareness levels among health care providers regarding infection control procedures were assessed using a structured closed ended self administered questionnaire. Study area:The

study was conducted at the Medical College Hospital, Thiruvananthapuram, Kerala during the period 12.5.2008 to 31.7.2008. Sampling: Care was taken to include health care workers at all levels including Doctors, Nurses, Other paramedical staff & Cleaning staff. Convenient sampling technique was adopted and a sample size 1360 was selected for the study.

Result: There is a significant difference in the level of knowledge among the health care providers when the paired t test was done at a P value of 0.05. This is in accordance with objectives 1 & 2 of the study.

S – 68

The effects of scale on costs of targeted HIV prevention interventions among female and male sex workers, MSM, and transgenders in India

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Background: To-date there has been little information on how average costs of delivering services vary with scale. The India AIDS Initiative (Avahan) project is involved in rapid scale up of HIV prevention interventions in high-risk populations. This study examines the cost variation of 98 Non-Governmental Organisation (NGOs) implementing targeted interventions over a two-year period of scale-up. Services were delivered in 61 districts in the states of Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu to high-risk target populations of female and male sex-workers, men who have sex with men (MSM) and transgenders. **Methods:** Incremental costs of the first 2 years were collected and analysed. Financial and economic costs were retrospectively and prospectively collected from a provider perspective. Ingredients and step-down allocation processes were used. Outcomes were measured using routinely collected project data by number of people registered and contacted from the target populations. Costs were calculated in US\$ 2006.

Results: Total registered people were 135,277 at the end of two years. The scale of activity varied from 63-8234 people registered, and 79-8629 people contacted across NGO interventions. The median cost per person registered was US\$39, with a mean cost of US \$80 (95 Confidence Interval \$53-\$107). Large reductions in the cost per person registered were observed. Costs declined from \$452 for low scales of activity to \$14 for the highest scale of activity. Scale was significantly associated with decreasing average costs (Pearson correlation coefficient -0.328, $p=0.001$).

Conclusions: Scale effects are important to quantify for planning future resource requirements of large-scale interventions.

S-69

Nutritional assessment of newly admitted medicos of RIMS, Adilabad (AP)

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Research question: What is the nutritional status of medicos admitted in RIMS, Adilabad?

Aims & objectives:(i) To study the nutritional status of medicos, RIMS, Adilabad. (ii) To recommend some preventive measure for malnutrition

Material & Methods: Study design: Cross-sectional study, Study period& Data collection: 1 Aug to 8 Aug 2008 with predesigned and pretested questionnaire. Nutritional status was assessed by calculating BMI. Hemoglobin was tested by Sahli's method. Study place: Rajiv Gandhi Institute of Medical Sciences, Adilabad (Andhra Pradesh) **Statistical analysis:** Microsoft Excel 2007 & SPSS package.

Results & conclusions: Total 94 medicos were admitted in the institute and were included in study. BMI was calculated. Out of them 32 (34%) were undernourished (BMI<18.5). Only 5 (5.3%) were overweight and obese (BMI>25). No statistically significant difference was observed in undernourished male and female students (Pearson Chi-Square value=.088, level of significance=.767).

S-70

Morbidity profile of tribal people in a village health camp, Dist. Adilabad (AP)

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Research question: What is the morbidity profile of tribal people in a village health camp, Dist. Adilabad?

Aims & objectives: (i) To study the morbidity profile of people in a tribal village, Dist. Adilabad. (ii) To recommend preventive measures for common illnesses.

Material & Methods: Study design: Cross-sectional study. Study period& Data collection: 25 & 26 Sept, 2008. Peoples in different age groups were examined by doctors in Rajiv Gandhi Institute of Medical Sciences, Adilabad in a tribal village, Sitagondi, Dist. Adilabad.

Study place: A tribal village, Sitagondi, Dist. Adilabad. (AP)

Statistical analysis: Microsoft Excel 2007 & SPSS package.

Results: Total 160 patients were examined during the camp. Out of them 84 (52.5%) were males & 76 (47.5%) were females. 72 (45%) were in the age group of 15-45 yrs. 38 (23.8%) were below the age of 15 yrs. Most common diseases found were Arthritis (31.3%) followed by URTI (26.3%), General debility (13.8%) and Fever cases (11.3%).

Conclusion: Regular health checks up, treatment and preventive measures for diseases will definitely improve the health status of the tribal villagers

S-71

Voucher scheme for equity in health

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Objectives: (i) To reduce inequities in reproductive health services among the rural below poverty line (BPL) population. (ii) To introduce innovative approaches for enhancing quality and access to selective reproductive and child health (RCH) services for the BPL families.

Materials and Methods: An operations research is being conducted to evaluate the feasibility of the Voucher Scheme so as to improve access to RCH services.

Voucher Scheme is a demand-side financing public private partnership (PPP) model, launched in May 2007, to provide select RCH services to 1.5 lac BPL population in 2 blocks of Haridwar district. The District Programme Management Unit (DPMU) supported by a NGO functions as the Voucher Management Unit (VMU).

Vouchers are distributed to BPL beneficiaries in exchange for which, they can avail services free of cost from any of the select accredited private healthcare providers. Services provided by the private providers include, antenatal and postnatal care, diagnostics for pregnant women, delivery, neonatal complications, and family planning. The providers redeem the vouchers from the VMU, per the pre-negotiated fixed cost for each service.

Results: The district quality assurance team accredited 7 private providers for service delivery based on established standards. 48 auxiliary nurse midwives (ANM) and 376 accredited social health activists (ASHA) in 2 blocks were trained by VMU on voucher distribution. The services delivered over a period of 16 months included: 4824 antenatal care and 1135 postnatal care checkups; 1803 deliveries conducted (330 Caesarean sections); 65 neonates treated for respiratory distress syndrome; 85 given phototherapy for jaundice; 25 required incubator care; 85 treated for sepsis and other neonatal problems; and 94 female sterilizations. Medical audit, rapid assessment of voucher scheme, and client satisfaction surveys were conducted for quality assurance. **Conclusion:** Systems required for a viable PPP model established. Developed capacity of the VMU in administering and financing the scheme. Access provided to more equitable quality services for BPL mothers and newborns. Mobilised BPL for accessing institutional delivery, thereby, reducing maternal and neonatal morbidity and mortality.

S-72

Hearing assessment of workers of a power generating unit

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Noise is a common occupational hazard. Noise exposure causes both immediate and long-term effects. The major long-term effect of noise exposure is permanent hearing loss. The present study was conducted in a power-generating unit involving a total of 100 noise exposed workers (age range 25-55 years and employment up to 32 years) to assess their hearing ability particularly the higher frequency (4000 Hz to 8000 Hz). A total of 27 unexposed to noise workers were selected as comparison group (control group). The Sound Pressure Level (SPL) was between 72-96 dBA. The threshold of hearing of exposed workers have found to be on the higher side in the range of the normal threshold of hearing in both the ears particularly at the frequency of 4000 Hz-8000Hz. At the 4000Hz workers reported more than 60dBA sound for "Just hearing" in both the ear, of the worker in the 35-39yrs.of exposed group and followed by the 30-34yrs.of exposure (more than 55dBA.). The risk of auditory symptoms rose with years of employment in noisy job in comparison to those who has never occupationally exposed to noise.

Further, the hearing thresholds of the control group are below the normal value. It may be concluded that problem of noise with regard to hearing impairment is present in their work place.

Risk of tuberculosis and fuel use: A population survey

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Recent evidence has emerged to suggest that apart from already known problems, indoor air pollution in developing countries may also increase the risk of conditions like low birth weight, perinatal mortality, asthma and tuberculosis, although this evidence is more tentative, being based on fewer studies. In this backdrop, this study was initiated to understand the association of fuel use and tuberculosis. A cross sectional prevalence survey was initiated in an Indian village involving 442 randomly selected subjects. All the subjects were interviewed and were subjected to medical examination. In analysis, the subjects with and without tuberculosis were compared with reference to their fuel use using logistic regression technique taking care of the possible confounders. This study has shown that biomass fuel (wood, cattle dung) use, age, sex and per capita income do not have any significant contribution in the causation of tuberculosis. However, smokers (OR 1.28, 95% CI 1.03-1.80) and residents of mud made houses (OR 1.86, 95% CI 1.23-2.57) had increased risk of tuberculosis. Causation of a disease like tuberculosis being highly multifactorial, this study reiterates that while finding a new risk factor, a study should critically deal with methodological details including confounding role of other variables.

Health care waste management practices during routine immunization at selected PHC'S in Chintamani taluk

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Introduction: Immunization is a major preventable measure for children against the six killer diseases. Initially, immunization was done with autoclaved glass syringes. To avoid improper sterilization and its associated problems, disposable and auto disabled syringes have been introduced. But the disposable syringes are not managed properly. With this background, the present study has been undertaken.

Objectives: (i) To quantify the waste generated during routine immunization, (ii) To describe the waste management practices

Material and Methods: This observational study was undertaken in four randomly selected PHCs of Chintamani taluk ie. Kaiwara, Chinnasandra, Murugamalai and Irgampalli. The immunization sessions in these four PHCs was observed for two consecutive weeks using a predesigned check list. Syringes, vials and cotton were weighed using an electronic single pan balance, quantified and volume measured.

Results: Average waste generated in all the four PHC,s is 1449.98 grams and mean of 68.88 grams. In 2 PHC,s immunization waste is segregated in a cardboard container. The containment is not appropriate in all PHCs. In 1 PHC disinfection is done with bleaching powder and disfigurement is done with needle destroyer. Though sharps pit has been provided, final disposal is not appropriate. The waste handlers have been provided with

protective equipments though none are using them. None of the waste handlers have been immunized against tetanus, typhoid and hepatitis B. None of the medical officers maintain an injury register or immunization register and the waste handlers have not undergone annual health check up.

S-75

Is there a need to upgrade knowledge of private practitioners for implementation of important national health programmes?

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Objectives: To assess level of knowledge and practice for important national health programmes. **Material and Methods:** A total of 200 Private practitioners from different system of medicine were interviewed using a pre-designed questionnaire from four blocks of Wardha district from December 2007 to March 2008. Tuberculosis, Leprosy, Blindness, RCH including diarrhea and acute respiratory illness among private practitioners were studied. **Results:** More than half (52%) practitioners had complete knowledge regarding tuberculosis and RNTCP, of which 80% were MBBS. Only few MBBS doctors were practicing the same. 66% practitioners were having complete knowledge regarding leprosy and its national health programme, of this 90% MBBS faculty. 59% practitioners had complete knowledge regarding blindness and its national health programme, 70% were MBBS. 80% practitioners were having complete knowledge regarding universal immunization programme and only few of them were giving the immunization. 65% practitioners had Partial knowledge regarding RCH programme, 76% about diarrhea & its management of diarrhea, Most (67%) of them were MBBS. Less than 50% had knowledge regarding acute respiratory illness and its management. **Conclusion:** There is an urgent need to conduct Continuous Medical Education programmes for all the practitioners so they can participate in an effective implementation of National health Programmes.

S-76

Impact of spirulina as a nutritional supplement on the dietary intake and health status of adolescent girls

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Abstract: The present study deals with 200 adolescent girls in the age group of 13-15 years from two Govt. Schools of Shimla belonging to low income group. The subjects were equally divided into Experimental (E) and Control groups (C). The respondents of group E were supplemented with 2 capsules (1gm.) of spirulina after mixing with one serving (40gm.) of wheat besan laddoo daily for six days a week for a period of two months while the group C was given a placebo for the same period. The dietary survey was conducted for three consecutive days by 24 hour recall method before and after supplementation. The results of the study showed that the mean daily intake of cereals, pulses, green leafy vegetables, sugar and jaggery was inadequate in both the groups. The intake of roots and tubers, visible fat exceeded the recommended allowances. Paleness of skin and conjunctiva, dental caries, fatigue were most prevalent among the clinical signs. The prevalence of common ailments

was more marked in group C when compared with group E after introducing spirulina in the ladoos. Thus, better nutritional status and health could be attributed to spirulina supplementation. The adolescent girls were encouraged to eat a balanced diet.

S-77

A study to assess the knowledge and attitude of girls between the age group of 13 to 19 years regarding menstruation and menstrual hygiene in a private school at Coimbatore, Tamil Nadu

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Aim: To find out the knowledge and attitude of girls between the age group of 13 to 19 years about various aspects of menstruation and menstrual hygiene.

Objectives: 1) To assess the knowledge of girls between the age group of 13 to 19 years regarding menstruation and menstrual hygiene 2) To assess the attitude of girls between the age group of 13 to 19 years regarding menstruation and menstrual hygiene 3) To seek the association between the level of knowledge and selected demographic variables.

Materials and methods: **Design:** Descriptive study design. **Setting:** Private school at Coimbatore- Tamil Nadu. **Sample:** 70 girls between the age group of 13- 19 years

Sampling technique: Convenient sampling technique. **Tool:** The tool consisted of three sections. Part-A: Comprised of demographic data Part-B: Knowledge questionnaire. Part-C: Likert's attitude scale.

Results: 36 (51%) girls had inadequate knowledge, None of them had adequate knowledge, 34(49%) girls had moderately adequate knowledge on menstruation and menstrual hygiene. 4(6%) girls had highly negative attitude, 1(1%) girl had negative attitude, 10(14%) girls had neutral attitude, 5(7%) had highly positive attitude, 50(71%) girls had positive attitude regarding menstruation and menstrual hygiene.

Conclusion: The analysis of data shows that there is a need for the structured teaching programme regarding menstruation and menstrual hygiene .

S-78

Age at menopause and perception of menopause among rural women in Chandigarh, India

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Objective: 1) To determine the average age at menopause. 2) To ascertain the perception of the study women regarding menopause.

Material and methods: A cross-sectional house to house survey was undertaken to enlist eligible women for interview i.e. 40-60 years old women with >12 months since last menses in suburban area Chandigarh. **Results:** Out of a total 725 women 298(41.1%) had attained menopause. Of these 245(82.2%) women were in the early post menopausal phase of their lives. Mean age at menopause found to be 46.85±3.8 years. Majority 64.8% did not report any

adverse effect of menopause on health, whereas 11.4% reported weight gain as an adverse effect of menopause. No any change experienced by 74.2% women prior to onset of menopause. Whereas 21.1% women reported heavy bleeding and irregular menses. Majority 94.3% welcomed cessation of menses. The reported reactions were-got rid of botheration 52.3%, free from worries and freedom to go anywhere /wear ant type of clothes21.8%, 7.7% reported they had attained manhood. None of the women used HRT. **Conclusion:** Menopause was welcomed by most of the women. More than 50% did not consult anyone for menopausal symptoms

S-79

Types of smokeless tobacco used and reasons for its preference among factory workers in Belgaum-a cross sectional study

Angolkar M and Rudresh, IHM, Belgaum

Research question: To understand why and which types of smokeless tobacco are consumed among factory workers in Belgaum city

Aim & objectives: To document types of smokeless tobacco consumed and reasons for its preference among factory workers in Belgaum city.

Methods: A survey in 14 randomly selected factories of Belgaum City was carried out. The study population included all workers (class I-IV) of the factories. A sample size of 630 men and 30 women who acknowledged using any form of tobacco was briefly interviewed.

Results: Among Class I workers 22% acknowledged smoking cigarettes. Only 4% used Smokeless tobacco. Amongst those who used smokeless tobacco (Class I-IV) 63% used Star Guthka followed by 18% Masala Star, 4% Madhu, 3% pan (with tobacco) 2% Khaini, and 1% others. Star Guthka is popular among people of the age group 20 to 30 yrs of which 80% belonged to lower socioeconomic status, class III & IV workers. Among these mean 27% of income is spent on tobacco products. Star Guthka is used by the younger women gender (2%), all belonged to lower socioeconomic status. Reasons for preference included, its easy availability and affordability since its available in small packs (81%). 31% said the like to chew it for "time pass", "feels fresh while working", and 20% even said "don't know, I like to chew it."

Conclusion: Star Guthka is the most widely used smokeless tobacco among men and an emerging trend among women.

S-80

Expenditure on health care incurred by diabetic subjects in the urban field practice area of Kempegowda Institute of Medical Sciences, Bangalore

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The impact of chronic non communicable diseases like diabetes in terms of loss of life,

disability, economic losses etc are being felt all over the world. Information on the expenditure incurred on diabetes mellitus at the community level is meager and the cost of managing this disease is increasing rapidly. The objective of this study was to obtain

information on the expenditure incurred by diabetic subjects on their health care, in the urban field practice area of Kempegowda Institute of Medical Sciences, Bangalore. Through house to house survey in this field practice area, self disclosing diabetics were identified and administered a questionnaire to know the expenditure they incur for the management of diabetes and associated illnesses. 168 self disclosing diabetics were identified, with a slightly female preponderance and an age distribution across a median of 56 years. Only 14% of the study subjects were on Insulin while the majority, were on oral tablets. The private health sector met the health needs of 82% of these subjects and 90% of the study subjects did not have any health insurance. Mean monthly average expenditure for management of their disease was Rs 368. Those without associated diseases spent less (mean Rs. 313) compared to those with associated diseases like hypertension (mean Rs. 424). Hospitalization of these diabetic patients further enhanced the cost of health care. The mean per capita income of these patients was Rs. 1525 (range 250 to 15000). The diabetic subjects on an average spent 17% of their median per capita monthly income for the management of their diabetes. With the alarming rate at which the prevalence of non communicable diseases are increasing, it is important to lay emphasis on primary prevention of these diseases as it is not economically sustainable in providing lifelong treatment for these diseases. These measures should be taken up on a war footing.

S-81

Family burden of depressive disorder: Need organized action

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The family plays an important role both in the genesis and outcome of mental illness. Estimates indicate that between one-third and two-thirds of persons with long-term psychiatric disabilities currently reside with family members and families are significantly affected by the responsibility of their care-giving function. Factors affecting burden include a number of patient illness variables, such as the severity of symptoms, length of hospitalization, number of previous hospitalizations, and length of illness. In the recent years the study of family burden in relation to mental illness has become more important due to increasing emphasis on community care of the mentally ill. This study was carried out to know the burden on care givers of depressive disorder patients, in order to develop effective intervention strategies. The study conducted on 100 consecutive patients of depressive disorder diagnosed according to ICD-10, who presented to psychiatry outdoor clinic for the first time. The tool used was the family burden interview schedule, originally devised to assess the family burden in the families of schizophrenic patients. The data collected were subjected to Pearson's product movement correlation, 'Z' test and one way analysis of variance (ANOVA) test wherever applicable.

Results - The family members of subjects experienced maximum burden in family routine (23.9%) followed by family leisure (16.3%), difficulties in physical health (14.7%), difficulties in mental health (13.7%), financial problems (12.6%) and least in family interaction (12.3%). Family burden is negatively correlated with family income and number of episodes. Age and duration of illness was not found to be related significantly with family

burden. No significant difference was seen in total family burden score with difference in age, marital status, family type and literacy.

S-82

Analysis of cases of decategorisation and invalidation on medical grounds in Western railway

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Aims and objective: 1. To analyze data relating to Decategorisation and Invalidation on Medical grounds in Western Railway. 2. To find out nature and extent of illnesses, injuries and other disabilities which lead to Decategorisation and Invalidation? 3. To formulate the strategy for Health promotion.

Methodology: Current study is retrospective study of the employees who were Decategorised in year 2007 and were invalidated on medical grounds in previous 3 years.

Results: 288 employees were Decategorised, 26.04% of employees were in age group of 51-55 yrs. 81 employees i.e. 28.12% employees have put 25-30 years of service. Diabetes and Hypertension are Principal reasons for Decategorisation. 140 cases were invalidated. 93.57% were male and 6.43% were female. Hypertension was main primary cause of invalidation, 15.71% having injuries, 13.57% cases have suffered from Diabetes Mellitus. 44.2% of employees were invalidated because of stroke.

Conclusion: The study has shown pattern of illnesses causing Decategorisation and Invalidation, which will contribute to the further development of Health Promotion Strategies.

S-83

Presence of microfilariae in lung cancer patients during an adjuvant therapy, withenia sominfera

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Background: An internal biological clock plays a role in sleep, wakefulness, metabolic rate, and body temperature, disruption of circadian rhythms affects sleep patterns and as well as precipitate mania in people with bipolar disorder. More recent findings show proteins called cryptochromes, located throughout the body are also involved in detecting changes in light and setting the body's clock. We have come across some interesting findings i.e. unusual and unexpected behavior of microfilariae in lung cancer patients, while investigating a drug trial study of Ashwagandha (*Withania somnifera*) as Immunomodulatory role.

Material & Method: Patients of lung cancer were being investigated for their immune-profile i.e. Nitric Oxide, Rosette, Delayed Type Hyper Sensitivity, LMI, CD4:CD8 ratio and Blast Transformation test, using the standard methods of Talwar *et. al.* 1983

Result & Conclusion: Four out of fifteen cases shows the unusual behavior of microfilariae in micro culture plate during day time at around 9.00 AM in heparin zed vial they are found

live and active for up to 96 hrs during lymphocyte transformation test but the patients were asymptomatic for filariasis symptoms. This shows probability of correlation of microfilarial infection in patients with lung cancer, most of who were hail from villages and were bidi smokers. During follow up the microfilariae are again seen after 5-6 months of immunomodulator and chemotherapy treatment in the same lung cancer patients. With these surprising finding a several interesting and lucrative question have opened in the mind could this association of microfilarial infection in any way related to lung cancer developments and in progression, needs further to research and deep study.

Post-graduates presentation

PG-1

A Study on the knowledge, attitude and practices regarding snakes and snake bites among the general population in Udupi taluk, Karnataka

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Research Question: What are the knowledge, attitude and practices of the community regarding snakes and snake bites in the dense forested, snakes populated district of Udupi, Karnataka? **Aim:** To study the knowledge, attitude and practices of the community regarding snakes and snake bites. **Objectives:** 1.To study the general awareness of the people regarding snakes and snake bites 2. To study their myths and misconceptions 3.To study their health seeking practices in the event of a snake bite 4. To compare the results between urban and rural population. **Materials and methods:** **Study design:** Cross-sectional design, **Study Setting:** Udupi Taluk, **Study population:** General Population, **Study Period:** Mar-May 08, **Sample size:** 232, **Sampling:** non random, **Data collection:** House to house visit, **Study instrument:** Pre-validated questionnaire based survey, statistical analysis using SPSS 11.5. **Results and conclusion:** Misconceptions regarding snake bites was more in the urban setting than rural. Practices on encountering a snake were predominantly aimed at avoiding the animal and not provoking it. A Substantial of the individuals interviewed preferred to tourniquet the wound site or rushing to seek medical attention however a significant number still consider bleeding the wound, herbal remedies or simply cleaning the wound as adequate first aid

PG-2

Study of various aspects of Human resource functions related to health team and cost incurred on different inputs by community health center in tribal area

Raut P M and Sawant P B

Background: Located within communities and usually accessible, health centers are in a key position not only to contribute to improved health for an individual but also to foster development of community as a whole. In a more difficult physical and social environment like in tribal area, study of human resource factors and cost analysis are helpful to improve

organizational effectiveness of health system to achieve same results. **Objective:** To study various aspects of human resource functions related to health team and to find out cost incurred on different inputs by community health center in tribal area. **Material and Methods:** For cost analysis, information is collected by observations, personal interviews and by analysis of record and reports. Study of human resource factors is conducted by using questionnaire. SWOT analysis of CHC is also conducted. **Conclusion:** Inadequate human, financial and material resources and inadequate capability of technical and managerial support are responsible for undermining of credibility of health center in delivering quality health services in tribal area.

PG-3

Comparative study of antenatal care services utilization in urban, urban slums and rural areas of Agra district

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S N Medical College, Agra

Research Question: What is the practice of mothers regarding utilization of antenatal care services in Agra district? **Objectives:** (1) To assess the antenatal services utilization by mothers. (2) To compare these services utilization among urban, urban slums and rural mothers. (3) To find out the related factors operating upon non-utilization of these services. **Study Design:** Community-based cross-sectional study. **Setting:** rural, urban and urban slum areas of Agra district. **Study Participants:** 120 urban, 120 urban slum and 120 rural mothers, who delivered during last 6 months were selected from three urban mohallas, 3 urban slums and 3 villages respectively and were interviewed using the pre-designed schedule. **Results:** At least one antenatal check-up was taken by 95.84% urban, 80.0% urban slum and 42.50% rural mothers respectively, but the proportion of mothers who had received complete three antenatal check-ups was only 77.5%, 49.17% and 15.0% respectively in these areas. Two doses of TT/Booster were received by 96.67%, 84.17% and 65.83% mothers in urban, urban slum and rural mothers respectively. Complete consumption of IFA tablets was seen in 58.33%, 27.5% and 9.16% respondents of urban, urban slum and rural areas. Among the examination undertaken during these check-ups, abdominal examination was done in all the women, blood pressure and swelling over feet was observed in 90.83% and 85% in urban, 47.5% and 57.5% in urban slums and 4.17% and 48.3% in rural mothers. This high difference among urban, urban slum and rural mothers is due to non-availability and poor access to health services and this is due to low literacy level and low socio-economic status among the residents of rural areas. The increasing awareness and increasing socio-economic status of urban mothers tempted them to resort more towards private hospitals than government hospital.

PG-4

Utilisation of ASHA Services under NRHM In Relation to Maternal Health in Rural Lucknow

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Research question: What is the extent of utilisation of services of ASHA under NRHM?

Aims and objective: To study the utilization of ASHA services in relation to maternal health by the Recently Delivered Women (RDW) in the study area. **Material and Methods:** The study was conducted at PHC Sarojininagar, Lucknow and its rural field area from September 2007 to August 2008. The study design was observational and study unit consisted of RDW at PHC Sarojininagar, having a live newborn. 350 RDW were interviewed at their bedside, by a preformed and pretested schedule and then were followed up after six weeks.

Results: Antenatal registration was reported by 97.4% RDW (90.9% facilitated by ASHA) of which 73.1% registered early (73% facilitated by ASHA). 52.6 % RDW had ≥ 3 ANC visits. Among RDW facilitated by ASHA 54% had ≥ 3 ANC visits. TT (2 dose) coverage was 92.9%. Receipt and consumption of 100 IFA was low 14.6% and 11.1% respectively. ASHA was the major motivator for birth preparedness/safe delivery (62%), adequate nutrition (74.3%) and rest (64.9%). ASHA facilitated 51% RDW with antenatal complication and 37.2% RDW with postnatal complication in receipt of appropriate care. Only 21.5% of total RDW had at least one postnatal check up.

Conclusion: Study findings revealed a higher utilisation of maternal health services with introduction of ASHA, except for the IFA receipt and consumption, postnatal care and family planning that needs to be strengthened.

PG-5

A survey of risk factors for non-communicable diseases in an urban area of Nellore, Andhra Pradesh, India

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Research Question: What are the risk factors for responsible major Non-Communicable Disease in an urban area?

Aims and Objectives: To estimate the prevalence and level of common risk factors for major non-communicable disease in an urban area of Nellore, Andhra Pradesh, India

Materials and Methods: This study was conducted from February to April 2008 as a pilot study of ongoing research study on Non Communicable disease in Saraswathi Nagar, an urban area of Nellore. Alternate households were interviewed and one person was selected by Kish method. Male and female in the age group between 25 years to 64 years were interviewed in 100 houses. The study instrument was based on STEPS approach of WHO and IDSP NCD questionnaire. It included basic household information, tobacco use, alcohol intake, diet, physical activity and history of hypertension and Diabetes Mellitus. Height, Weight, Waist circumference and Blood pressure were measured by using standard protocols. JNC VII criteria were used to classify Blood Pressure.

Results: The use of tobacco reported by 13 % of men and 10% were past smokers. None of women were smokers. Cigarette was the predominant form of smoked tobacco used. While 9 % of men reported consuming alcohol in the past one year and none of women did. Only 26% of subjects were using one or more servings of fruits per day and 90% were using more than two servings of vegetables. The mean duration of work physical activity was 5 hours and women are more likely to be physically inactive compared with men (20% V. 40%). The mean waist circumference was 91.6 cm in males and it was 86cm in females. The mean Body

Mass Index (BMI) was lower in men than in women (24.9 V.25.75). The prevalence of hypertension (Blood pressure $\geq 140/\geq 90$ mmHg or on an anti hypertensive) was 16.6%. The self reported prevalence of Diabetes Mellitus over the past 1 year was 10%.

Conclusion: The high prevalence of risk factors for non-communicable disease across all age groups in this urban area indicates likelihood of high burden of illness. Immediate action for prevention and control is required to control the non-communicable diseases.

PG-6

Investigation of an outbreak of acute diarrhoeal diseases in a tea estate of Dibrugarh district of Assam

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Research question: (1) What is the incidence of ADD in Bhamun T/E of Khowang block of Dibrugarh district of Assam? (2) What are the reasons for that outbreak?

Aims & objectives: (1) To conduct an epidemiological study of ADD cases in Bhamun Tea estate of Khowang block of Dibrugarh district of Assam. (2) To investigate the outbreak and confirmation of the diagnosis.

Methodology: Prospective study was done from 01/09/08 -01/10/08

Results: Of 256 persons suffering from ADD, 46.51% (120/258) cases were with severe dehydration, 53.49% (138/256) with moderate to mild dehydration. M: F was 125:133. Highly affected age group 15-44 yrs. Maximum cases occurring in boroline area. Only 40% population was having toilet facility, rest practicing open field defecation. Drinking water source unsafe in 89% and 67% latrine were insanitary. Laboratory report shows *Vibrio cholerae* 01 serotype Inaba, sensitive to Ciprofloxacin, Doxycycline, Gentamycin and Amikacin. Treatment protocol was implemented after six days of onset of cases with early referral of critical cases. No of cases declined from second week of onset of index case and reached zero level within a month.

Conclusion: Outbreak of Cholera was confirmed. EDPT, improvement of hygiene by IEC, intersectoral involvement in managing outbreak proved fruitful.

PG-7

Nutritional status and morbidity pattern of adolescent girls in urban slums of dibrugarh

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Research question- What is the nutritional status of adolescent girls residing in urban slums of Dibrugarh town? What is the morbidity pattern of the adolescent girls under study?

Objectives: (1) To assess the nutritional status of adolescent girls residing in urban slums of Dibrugarh town. (2). To study the associated morbidity pattern prevalent among these adolescent girls. Study design- Community based Cross-sectional study.

Materials & Methods- A sample size of 284 adolescent females in the age group 10-19 years was taken for the study. All the 10 slums in Dibrugarh town were included in the study.

Number of adolescents selected from each slum was determined by proportionate allocation. Data was collected by using pre tested questionnaire, anthropometric measurements and clinical examination. The BMI for age and height for age were used as criteria for thinness and stunting respectively.

Results & observation: The overall prevalence of thinness was 25.70% and the prevalence of stunting was 31.33%. The prevalence of Stunting among early adolescents aged (10-14) years was comparatively higher (34.19%) than the late adolescents (27.90%) aged (15-19) years. The various morbidities prevalent amongst the adolescent girls were found to be pallor (93.30%); menstrual problems (83.09%); dental caries (42.25%); angular stomatitis (35.56%); glossitis (34.15%); skin diseases (20.07%); lymphadenopathy (10.21%) and goitre (4.22%).

Conclusion: A significant proportion of adolescent girls were found to be malnourished and suffered from one or more nutritional deficiency disorders. Adolescent health should be given priority and their needs have to be addressed properly.

PG-8

Understanding family planning practices among tribals- a study in a rural area of Dibrugarh, Assam

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Research question: What is the extent of use of family planning practices and what are the factors influencing the methods of contraception?

Objective: To find out the distribution of family planning practices with respect to income, duration of married life, number of living children.

Study design: Community Based Cross sectional study. **Materials & Methods:** Multistage sampling technique was used to select the sample. Villages were selected by stratifying them according to the presence of tribal and non tribal population. Thereafter the tribal dominated villages were selected at random and house to house visit was made. A total of 303 married women in the age group of 15-45 years living with their spouses were interviewed using a pre designed questionnaire. Chi square test was used for the analysis.

Results: Couple Protection Rate is 29.7%. Per capita income was not associated with family planning practices. 82.14% of women with 3 or more children are acceptors of permanent method of contraception. Rate of conducting tubectomy was found to increase with the increase in duration of married life. **Conclusion:** Family planning practices is observed to be poor amongst the tribals and therefore motivation of the couples is to be stepped up.

PG-9

A cross sectional study to determine health seeking behaviour of street children in the city of Mumbai

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Aims & objectives: (1) To study socio demographic factors of street children. (2) To study health seeking behaviour of street children. (3) To assess knowledge of street children on diseases common in them. **Materials & methods:** The study is a descriptive cross sectional

study. It was conducted in October 2008 for 2 days at 'Diwali Festival Mela', attended by adolescent street children from all parts of Mumbai, through individual semi-structured interviews. **Results and conclusions:** 186 street children were randomly selected. Results showed 38.2% resided on the streets and 35.5% on railways platform and bridges. Poverty was found as the most common reason for leaving home followed by physical abuse. 43.5% were away from home >10 years and earned money as labourers on daily wages. They commonly suffered from injury, fever and ARI. Most of them did not take any treatment followed by taking medication from municipal or private clinic and self medication by over the counter drugs. 38.2% could not afford the treatment while 18.3% did not trust doctors. 88.7% were unaware where to obtain help for substance abuse. Health related information was obtained from NGO volunteers. Thus health forms a neglected part of life of street children requiring more awareness among them.

PG-10

A cross sectional study to examine the morbidity pattern of patients attending the mobile health camp in a flood affected districts of Bihar in 2008

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Place of the study: Study was carried out in two flood hit districts: Saopaul and Madhepura, Bihar on 18- 20 September, 2008.

Methodology: Study design: Descriptive study, **Study tools:** (1) semi structured questionnaire consisting of questions related to Socio-demographic background & health problems. (2) Clinical examination. This study was carried out by the Department of PSM, LTMMC, Sion, Mumbai. Data was collected from patients reporting to the ad hoc treatment centres established by the team at various locations in the flood affected villages in Saopaul and Madhepura districts in Bihar from 18- 20 September 2008 by using semi structured questionnaire followed by clinical examination. **Results:** Over a period of two days, 376 cases were treated on the site in medical aid posts established in flood affected areas. Of these patients, 104 (27.7%) were affected by gastrointestinal illnesses (diarrhoea / acute gastroenteritis); 16(4.30%) had suffered injuries and were treated accordingly; 120 (31.9%) cases of respiratory infection were managed. 40 (10.6%) cases of undiagnosed fever were treated. Skin and other infections comprised 56 (14.9%) cases of the total. Thus, this study provides a brief outline of the spectrum of illnesses that may be encountered in dealing with flood affected populations, for the benefit of planning for future humanitarian operations.

PG-11

Assessment of microbial quality of drinking water in the urban field practice area of JN Medical College, Belgaum

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Aims & Objectives: To assess the microbial quality of stored drinking water of households in

the urban field practice area of J.N. Medical College, Belgaum, Karnataka

Material & Methods: Water samples from stored drinking water of 40 households were collected by systematic random sampling out of 400 households from Urban Field Practice area, Khasbag, (belonging to ward 21 & 22 of Belgaum City Corporation). Water samples were tested in Microbiology Department using McCrady Chart (Presumptive coliform count).

Results & Conclusion: 24 (60%) out of 40 household samples were bacteriologically unfit for human consumption. The results highlight the need for improvements in the provision of wholesome drinking water, improving personal hygiene and environmental sanitation.

PG-12

Treatment seeking behaviour in reproductive age women suffering from RTIs/STIs: a community based cross-sectional study

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Research question: Are socio-cultural factors influencing the treatment seeking behaviour in reproductive age women with RTIs/STIs?

Aims and objectives: To explore the socio-cultural factors associated with treatment seeking behaviour of reproductive age group women suffering from RTIs/STIs.

Material & Methods: This cross sectional study was carried out in the Chiraigaon block of Varanasi district. Eight hundred reproductive age group (15-49 years) women were selected following appropriate sampling technique. Quantum of RTIs/STIs in the study group was estimated on the basis of Syndromic approach. The information pertaining to health seeking behaviour was collected using a pre-designed pre-tested interview schedule.

Results: Out of total 359 subjects with symptoms of RTIs/STIs only about one-third (37.3%) had sought treatment for their remedy. Only a few (4.5%) had sought treatment within 1 month of appearance of symptoms. Of those who had sought treatment maximum 60(44.8%) of them first sought it from a local quack. Considering it to be normal about half of the subjects (45.3%) did not seek treatment. The treatment seeking pattern was highly associated with the level of education ($p=0.000$).

Conclusion: There is a need and scope for BCC and effective service provision for prevention and control of RTIs/STIs.

PG-13

A study on pattern of utilization of health care services, perception and health seeking behavior of communities in Udupi taluk, Karnataka

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Research Question: What is the pattern of utilization of health care services with respect to health seeking behavior, perceptions of the health care services and barriers in availing them in the Udupi taluk, Karnataka?

Aim: To study the pattern of utilization of health care services among the rural community of Udupi taluk

Objectives: 1.To study the community awareness about the available health care facilities
2.To study the pattern of utilization of health care services among the communities with respect to health seeking behavior, perception's of health care services, barriers in availing the services
3.To study the health care expenditure incurred by the families.

Materials and methods: **Study design:** Cross-sectional design, **Study Setting:** Field practice area of Kasturba Medical College, Manipal, **Study population:** Families in field practice area of Kasturba Medical College, Manipal

Study Period: Oct-Dec 2008, **Data collection:** House hold interviews,

Study instrument: Pretested interview schedule will be used to collect the data

Data analysis: using SPSS 11.5, Percentages in categories and Chi square test will be used for analysis. **Results and conclusion:** Awaited

PG-14

Evaluation of DOT Providers' in the RNTCP of PHC Chiraigaon block Varanasi

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Research question: Do the rates of treatment outcome differ among TB patients receiving directly observed treatment (DOT) from informal private community DOT providers (PDP) and from formal governmental community level workers working as DOT providers (CLW)?

Aim & objectives: To compare the treatment outcome among TB patients taking DOT from PDP with that of patients with CLW

Materials & methods: This community-based longitudinal study was carried out in the PHC, Chiraigaon Community Development Block. A cohort of 145 patients registered between 1st July 2006 to 30th June 2007 was followed till their full course of treatment. Out of 145 patients, 98(67.6%) received DOT by PDP and 47(32.4%) by CLW. Information pertaining to patients and their DOT providers was collected by interviewing them with the help of predesigned and pretested interview schedule. For statistical analysis Chi square test and Fisher exact test were applied.

Results: Treatment success rate was statistically better among patients treated by CLW 87.2% as compared to 69.4% by PDP ($p=0.02$). Patients who received drugs from PDP were significantly more likely to become defaulter (23.5%) than (6.5%) patients who were treated by CLW ($P=0.01$)

Conclusion: CLW should be effectively utilized as DOT providers in RNTCP.

PG-15

Awareness on organ donation in college students

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Objectives: (i) To assess the awareness and knowledge levels regarding organ donation in study group. (ii) To impart health education related to organ donation.

Methodology: Study design: college based cross-sectional study, **Study setting:** Osmania engineering college, Hyderabad, **Sample size:** 200, **Data collection:** self administered, predesigned and pretested questionnaire. **Analysis:** simple proportions, chi-square test. **Results:** about 88% of the students know that they can lead a normal life after donating an organ and only 20% of students knew that whom to approach and talk regarding organ donation. About 80% of students believed that both dead and live persons can donate organs but 6% of the students believed that only dead persons can donate organs. About 58% of the students know that eyes should be donated within 6 hours of death. Females have comparatively better awareness regarding organ donation than males.

PG-16

To assess the socio-demographic and clinical profile of HIV/AIDS patient visiting to art centre, SRTR Medical College Ambajogai

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SRTR Medical College Ambajogai

Introduction: HIV/AIDS epidemic has reached the rural areas. What is most important is sociodemographic characteristic of the population affected? Majority of the population affected is from reproductive age group i.e. 15-44yrs & lower socioeconomic class which increases the more economic burden the overall development of the nation.

Objectives: To assess the sociodemographic and clinical profile of HIV/AIDS patient.

Material & Methods: Study Design: Cross Sectional study. **Setting:** SRTR Medical College Ambajogai (Rural setup). **Study population:** All known HIV/AIDS positive patients visiting to ART centre. The information regarding socio-demographic profile, clinical profile collected, suitable statistical tests used. **Results:** Out of the 100 patients maximum patients were in the age group of 25-34 yrs i.e. reproductive age group. Male (77%) were more than the females (23%) patients. 73% patients were married, 12% widow & 5% were unmarried. 84% patients were literate & 16% illiterate. Maximum no. of patients were laborer (36%) by occupation & majority were from lower socioeconomic class (68%). Most common route of transmission was heterosexual (96%). The most common complaints were fever (8%), cough (6%) and loss of appetite (4%). Most common opportunistic infection was pneumocystis carinii (29%) followed by TB (20%). **Conclusion:** AIDS has killed more than 25 million peoples since it was 1st recognized in 1981, making it one of the most destructive epidemics in the recorded history. At present nearly 40.3 million peoples are living with HIV. India is the leading country in the world having 5.7 million HIV +ve patients. HIV/AIDS is one of the most serious socioeconomic & developmental concerns, because nearly 89% of reported cases are occurring in sexually active & economically productive age group 15-44yrs.

PG-17

A study on stigma, discrimination and violence against men who have sex with men (MSM) and its implication on their health in Davangere city

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JJM Medical College, Davangere

Research Question: what is the magnitude of stigma, discrimination and violence against

MSM and its implication on their health?

Objectives: (1) To know the magnitude of stigma, discrimination and violence faced by MSM in the society. (2) To know its implication on their health and HIV status

Study Design: Community based cross-sectional study conducted using Questionnaire and Focused Group Discussion (FGD) method.

Participants: 32 MSM who were willing to participate in the study.

Results: Out of 32 MSM, 12 (38%) were married, 24 (75%) were kothis. 22 (69%) MSM had faced stigma and discrimination. 18 (56%) had faced different types of violence because of their sexual attitude by different people in the society in their life time. Because of discrimination they have adopted sexual risk behaviors like having multiple partners, practicing unplanned sex without using condoms.

Conclusion: MSM are facing huge amount (69% in our study group) of Stigma and Discrimination which makes them to hide their sexual orientation and reporting for health services and also acting as bridge to general population for HIV transmission. Proper social and legal aid and addressing homophobia may help in improving health of MSM and halting HIV epidemic.

PG-18

Profile of the patients on antiretroviral therapy in a tertiary care center, North Kerala

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Background: 40 million people are living with HIV/AIDS, world wide of whom majority are in developing countries. Out of the 6 million cases, which needed treatment, only 4 lakh persons are receiving the same. Status of those patients needs to be assessed.

Objectives: (i) To assess the socio demography, responsiveness towards the treatment of the patients on ART. (ii) To know the prevalence of tuberculosis and other opportunistic infections among these patients.

Materials & Methods: Study design: Cross sectional study- record based.

Study setting: ART clinic, Govt. Medical College, Kozhikode. **Study period:** June 2007- December 2007. **Methodology:** Data collected using semi structured questionnaire

Results: Mean age is 38.9 years, majority is males (66%), married (77%), Mode of transmission in 89% is heterosexual route, Nevirapine based regime is used in 46%. Substitution of the drug was needed in 35% cases due to toxicity(43%) and tuberculosis (57%).Prevalence of TB is 31% other opportunistic infections-39%. Regular follow up of patients is 86%.

Conclusion: People are using ART services with good adherence. More number of accessible ART clinics to be made available to the community with continuous drug supply.

Assessment of behavioral changes of adolescents and their psychosocial perception about parents, family and school-a study in a school of Tarakeswar

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Research question: Whether there is any difference in perception of the adolescents regarding their relationship with their parents, families and teachers on different psychosocial aspects in different socio-demographic situation.

Aims & objectives: The study has been conducted to identify perception of adolescents regarding their relationship with their parents, families and teachers on different aspects and to identify their crisis situation (if any).

Materials & methods: The study has been conducted with a self reported questionnaire filled in by the students of adolescent age group in a co-educational rural school of West Bengal in 2008. Perceived role of parents (affection, assistance, awareness), families and teachers and different psychosocial and medical aspects of the students were assessed.

Result & conclusion: Significant difference in perception regarding assistance of mother in stressful situation & awareness of mother about leisure time found among boys & girls. 23.6% of girls admitted that they have ever tested alcohol, 68.1% involved in affair, 34.1% boys & 26.4% girls admitted to experience blue film. 48.2% of all adolescents have perceived mother as their role model.

Assessment of performance & treatment outcome under RNTCP at a rural tuberculosis unit of West Bengal

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Research question: Whether the performance and treatment outcome are following the RNTCP norm in a rural tuberculosis unit (T.U.) of West Bengal?

Aims & Objectives: The study has been conducted to assess the level of performance, sputum conversion rate & treatment outcome in a tuberculosis unit of West Bengal.

Material & Methods: Record based descriptive study conducted at Tarakeswar TU in Hooghly district of West Bengal in 2008 from June-Aug, 2008. Records of Tarakeswar TU for the year 2006 were evaluated. Sample size is 573.

Results & Conclusion: In 2006 the important parameters viz. Case detection rate, ratio of pulmonary & extrapulmonary cases, % of seriously ill sputum negative cases, sputum conversion rate, death & failure rate have followed the RNTCP norm. But some differences have been observed in indicators like cure rate, defaulter rate, smear positivity rate & proportion of different categories of patients under DOTS. Probable reasons behind this discrepancy lie in migrant population.

Key words: sputum conversion, cure rate, defaulter rate, pulmonary, extrapulmonary, DOTS

Socio-cultural and environmental risk factors of ARI in under-five children

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Objectives: To estimate the magnitude and to study various socio-cultural and environmental risk factors of ARI in under-five children.

Materials and methods: The community based cross-sectional study was carried out in the Howrah Municipal Corporation area between the periods from November, 2003 to April, 2004. The calculated sample size was 300. Sampling was done by multistage random sampling method.

Results: Prevalence of ARI in under-five children was 40%. ARI was most prevalent among the infants. Prevalence was more in female than male children. The occurrence of ARI decreased with increase of per-capita income and literacy of mother. Unimmunized and partially immunized children suffered more. Children cared by their mothers and exclusively breastfed children suffered less. Overcrowding, poor ventilation and dampness in the houses increased the risk of occurrence of ARI. The risk increased as the number of cigarettes smoked by the adults inside the room increased.

Conclusion: The study showed that the occurrence of ARI in children was less with increased per-capita income and maternal literacy and it was more in unimmunized and partially immunized children and in those from overcrowded, poorly ventilated and damp houses.

PG-22

A study of knowledge, attitudes and behaviour towards tobacco consumption among adolescent students in rural field practice area of Osmania Medical College, Hyderabad

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Background: As adolescence is the most susceptible time for initiation of tobacco use and adolescent tobacco smoking has been found to be a major predictor of adult smoking, preventing this use requires intervention in early adolescence prior to the time when these behaviors have already become ingrained. Considering the enormous health complications associated with tobacco use, it is of utmost importance to understand the factors leading to its use and to plan strategies to reduce its intake. This is especially relevant for the developing countries like India, where tobacco use continues to be common, notwithstanding the recognition of harmful consequences of its usage. **Objectives:** (i) To know the prevalence of tobacco consumption among adolescent students. (ii) To study the knowledge, attitudes and behaviour regarding tobacco consumption among adolescent students. **Methodology:** **Study design:** Cross sectional study. **Sampling design:** Simple random sampling. **Study sample:** 731 adolescent students. **Study setting:** High schools and Junior Colleges in the study area. **Data collection:** Self administered standard pre-tested questionnaire. **Analysis:** Simple proportions and chi-square test. **Results:** In rural area the prevalence of current smokers was 16.78% (males=26.7% and females=7.7%) and current chewers was 13.13% (males=18.5%

and females=8.2%). The knowledge about tobacco smoking causing specific health hazards is less. About 18% of students thought that smoking makes students more attractive. Movie stars who smoke are a motivating factor for initiating smoking in about 18% of male students. The main reasons to initiate smoking were curious to try new things (53.23%) and imitation of their role models like movie stars (51%).

PG-23

Process Evaluation of Intensified Pulse Polio Immunization Campaign in Urban Area of Tinsukia District of Assam

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Research question: (1) What is the coverage of pulse polio immunization in urban area of Tinsukia District of Assam?

(2) What is the quality of services provided by the health care providers during the campaign?

Aims and objectives: (i) To analyze the coverage of IPPI in the urban area of Tinsukia District of Assam. (ii) To assess the quality of services provided by the health care providers during the campaign. **Methods:** Data analysis from official records and concurrent activity monitoring. **Results:** Total coverage was 96.52% and 98.64% respectively during the two rounds of IPPI held in the month of September, 2008. Out of the 210 houses visited, 6.19% houses were not properly marked and 2.86% houses were found to falsely mark. Conversion marking (X to P) was observed in only 1 house amongst all the houses visited. During the street survey conducted following completion of house to house visits on the 4th day of both the rounds, the percentage of unimmunized children found were 2.38 and 0.75 respectively. Qualitative assessment revealed proper microplanning and social mobilization. Incentives for the care providers were delivered in time. **Conclusion:** Practical oriented training for the service providers to be geared up. Workers should be trained regarding proper house marking during house to house visits.

PG-24

To study the biomedical waste management at tertiary care hospital, Patiala

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Aims & objectives: 1. To assess the biomedical waste handling and treatment system of hospital; 2. To quantitatively estimate the amount of waste generated in the hospital.

Materials & methods: A general survey of the practices in handling and treatment of biomedical waste was performed. The quantities of biomedical waste were recorded from central collection room for hospital waste. **Results:** The personnel, while handling biomedical waste, were not using adequate precautionary measures. The process of segregation, collection, transport, storage and final disposal of infectious waste was not done in compliance with the Standard Procedures. The laboratory waste materials were disposed of directly into the municipal sewer without proper disinfection. On an average about 54 kg of infectious and 288 kg of non-infectious waste is generated per day.

Conclusion: The results of the study demonstrate the need for strict enforcement of legal provisions and a better environmental management system for the disposal of biomedical waste in the Rajindra hospital, Patiala.

PG-25

Obesity in school children of 8-16 Years in Patiala city

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Background and Objective: Overweight & obesity are important determinants of health leading to increased risk of non communicable diseases. The present study was conducted to study the magnitude of overweight, obesity & the various associated risk factors in school going children of Patiala city.

Material and method: A cross-sectional study was carried out in 1400 school children of 8-16 yrs of age. Pre-designed questionnaire was used to illicit the information of risk factors. Overweight and diseased were assessed by BMI for age. BMI for age ≥ 85 percentile and < 95 percentile of reference population were classified as overweight & BMI for age ≥ 95 percentile as obese.

Results: The prevalence of obesity & overweight in study group was 6.37% (6.69% in girls and 6.06% in boys) & 10.38% (11.9% in girls and 9.76% in boys) respectively. 43.02% of obese, 30.13% of overweight & 18.1% of normal weight subjects had positive family history of obesity. TV watching, indoor games, junk food were found to be positively related with obesity. Physical exercise had shown significant relation with obesity. While no significant relation of sweets intake has been found with obesity.

Conclusions: As the burden of obesity and overweight is increasing, so there is an urgent need to control the various risk factors associated with it.

PG-26

Comparative study of health status of elderly in urban field practice area (Harajpenta) and rural field practice area (Patancheru) of Osmania Medical College

Maseer Khan, Vimala Thomas and Prakash Bhatia

Osmania Medical College, Hyderabad

Objectives: (1) To study socio-demographic cultural profile of study population. (2) To compare the morbidity pattern and health seeking behaviour in the study population

Materials and Methods: Study subjects: Elderly above 60 yrs of age. **Place of study:** Harajpenta and 3 areas of Patancheruvu. **Sample size:** 385 in each area. **Method of data collection:** Personal interview using standardized questionnaire containing both open and closed ended questions. **Study period:** Aug 2007-July 2008. **Statistical analysis:** By SPSS 12 software.

Results and Conclusion: Majority of elderly people in both urban (49.5%) and rural (38.6%) belong to 60-64 age groups. Literacy rate among elderly in the present study is 63.45%. In rural areas considerable number (29%) were still defecating open air. 34.5% in urban and 43.7% in rural areas were found to be chronically ill at the time of examination. prevalence of

Diabetes Mellitus was found to be 14.2% in Urban and 6.1% in rural area .In urban area 31.73% have diagnosed hypertension whereas in rural area only 19.54% have diagnosed hypertension.

PG-27

Profile of morbidities among adolescents and their health utilization pattern in a tribal block of Orissa

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Research question: What is the morbidity profile of tribal adolescents and their health service utilization pattern?

Objective: -(1) To asses the prevalence of morbidities among the rural adolescents.

(2) To asses their health service utilization pattern.

Methodology:-Study design: Cross sectional study. **Area of study:** A sub center in tribal district of Kandhamal. **Participants:** 116 adolescents of both the sex selected randomly:

Study period: August 2008. **Sample size:** 116 adolescents randomly selected from 11 villages. **Method:** Interview technique using pre-tested proforma, data collected about the illness in the previous two month. **Analysis:** Chi-square test. B: 52.6% boys and 47.4 % girls form study group. 70% suffered from different illness No significant difference of sex seen statistically ($X^2=1.27$). The incidence (spell) of illness was 90.5% with 50.4% fever , 29.5% skin disorder, 10.4% GI disorder and 6% genitor-urinary disorder . Only 18.9% receive treatment from near by PHC showing utilization service is poor.

Conclusion: The prevalence of illness is unexpectedly high. The health service should be oriented towards the need of the population for better utilization.

PG-28

A study on perception among lactating mothers (below six months of lactation) regarding Janani Surakhya Yojana (JSY) in the urban field practice area (Ankuli) of MKCG Medical College, Brahmapur

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Research question: What's the level of perception among lactating mothers regarding JSY?

Objectives: (a) To assess the perception of lactating mothers regarding JSY. b) Recommendation of IEC materials to create awareness for safe delivery through the involvement of Governmental and non Governmental Organisations.

Place of study: UHC, Department of Community Medicine, M.K.C.G. Medical College, Brahmapur, Orissa. **Period of study:** April – June, 2008. **Type of study:** Cross-sectional. **Study Population:** All the lactating mothers (Below six months of lactation) in the Urban Field Practice Area of MKCG Medical College, Brahmapur (Orissa).

Results: The study revealed that during 1st April 2008 to 30th June 2008, the total no. of lactating mothers (Below six months of lactation) found were 47 out of which 76.60% of

mothers availed the JSY benefit, majority (63.83%) of mothers were between the age group of 18-25yrs, most (89.36%) of mothers attended either Govt. Hospital or Pvt. Institution for delivery, majority (74.47%) mothers are literate, most (93.62%) of mothers having some knowledge about JSY and all of the mothers under gone for ANC. **Conclusions:** Majority of mothers availed the JSY benefit and it is significantly associated with the literacy status.

PG-29

Adolescent anthropometry: a comparison of two standards

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Research question: What is the extent of difference between prevalence of under nutrition as suggested by old (NCHS, 1978) and new (WHO, 2007) standards?

Aims & Objectives: To compare the nutritional status of a sample of adolescent girls on the basis of NCHS and WHO criteria.

Material and methods: 300 adolescent school going girls aged 10-19 years from 2 schools in rural Aligarh. Background details and anthropometric measurements were obtained. The anthropometric measurements were compared to NCHS and WHO references.

Result: The prevalence of thinness and stunting were markedly low using WHO criteria in comparison to NCHS standards. (Thinness- 25.7% Vs. 31.0%) and (Stunting- 20.7% Vs. 22.7%).

Conclusion: The long held fears of overestimating the prevalence of undernutrition by using American standards seem to be holding true, especially while assessing acute undernutrition (thinness).

PG-30

A study on morbidity pattern of school children in urban area

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Research question: Will a School health programme help to pick morbidity pattern among school children for early diagnosis and Treatment.

Objectives: (1) To Study the morbidity pattern among school children. (2) To make recommendation based on the problems identified.

Materials and methods: A cross sectional study was conducted on 1536 school children of Ujwala Vidhayala School white field Bangalore between 4 to 18 years of age. To asses the morbidity pattern health check up was conducted on all the children by the Interns and post Graduates and Statistical analysis of the morbidity pattern was done using proportions.

Result: Out of 1536 Students examined the following morbidity pattern was seen : 26.6% were underweight 9.1% had caries of teeth and 6.8% were over weight and obese 2.3% had skin diseases 1.2% had Anaemia 0.7% had refractive errors and 0.3% had vitamin A deficiency .

Conclusion: The study shows that school health programme is important to screen children for various morbidities and helps in early diagnosis and treatment.

Screening programme for refractive error among school children in an urban area

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Aim: To find out the effectiveness of screening programme in detection of refractive error in school children and adoption of spectacles.

Objectives: (1) To detect children with refractive errors. (2) To confirm the diagnosis with the help of professional ophthalmologist. (3) To find out the adoption rate of spectacle among those diagnosed.

Materials and methods: A cross sectional study was done on 867 school children in the age group of 5-16 yrs using Snellen's and Jaeger's chart studying in Ujjval Vidayala, Whitefield, Bangalore. Statistical analysis was done using tests of proportions, Chi square test and spectacle adoption rate was calculated.

Results: Out of a total of 867 students examined, 49 (5.7%) were suffering from refractive error. Among these 49 diagnosed, only 35 of them got their eye tested further by the ophthalmologist. Out of these 35 (4%) students, 14 (40%) of them were boys and 21 (60%) were girls. Myopia was the most common refractive error (n=18, 51.4%) followed by astigmatism (n=16, 45.7%) and lastly hypermetropia (n=4, 11.4%). The ophthalmologist prescribed glasses to 26 of them. However just 8 of them constantly utilized the spectacles. The spectacle adoption rate was 30.8%.

Conclusion: Regular screening of school children for refractive has to be made mandatory, to improve the academic performance of the child by reducing the contributing morbidity.

A study of risk factors associated with cardiovascular diseases among adult population of Rajendranagar, Hyderabad

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Background: Cardio vascular diseases are most rapidly emerging epidemic in India. An estimated 2.27 million people died due to CVD during 1990, and according to projections the number of deaths due to IHD was to increase from 1.17 million in 1990 to 1.59 million in 2000 and 2.03 million by 2020. The risk factors for Cardio Vascular Diseases being modifiable, the disease burden can be reduced. By controlling the risk factors emerging epidemic in India can be minimized.

Objectives: (1) To study the prevalence of risk factors among study population. (2) To study the socio-economic factors and type of life style attributable towards risk factors.

Material & methods: **Study Design:** Community based crosssectional study. **Study setting:** Urban Health Centre, Harazpenta, **Study Population:** 200 study subjects in 19-50yrs age group, Harazpenta, **Sampling technique:** Systemic Random sampling technique. **Study**

period: June to November 2007. **Materials:** interview using a Pre designed and field tested questionnaire. **Statistical Test:** Chi-square test and proportions.

Results and conclusions: Mean blood pressure levels were higher among men than among women and increased progressively with age. The prevalence of hypertension was 23.9% among men and 13.7% among women. Sixty three percent of men were current smokers and 58% were current daily smokers. Education level was inversely associated with the prevalence of hypertension among both men and women and with the prevalence of smoking in men. Hypertension was directly associated with socioeconomic status among men and women.

PG- 33

Monitoring of Japanese B encephalitis immunization campaign with SA 14-14-2 vaccine in Tinsukia district of Assam

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Research question: (1) What is the coverage of JE immunization in Tinsukia District of Assam? (2) What is the quality of service during the campaign?

Objectives: (i) To assess the coverage of JE immunization campaign in Tinsukia District of Assam. (ii) To assess the quality of services imparted during the campaign. **Methods:** Data analysis from official records and concurrent activity monitoring. **Results:** Total immunization coverage was 92.3%. Break up of immunization coverage was 99.8% among 5-10 yrs age group, 95.3% in 10-15 yrs and 82.2% in 1-5 yrs age group. Qualitative assessment revealed proper micro planning and good social mobilization. The delivery of immunization services and proper bio-medical waste disposal by paramedical workers however needs to be more perfect. **Conclusion:** Immunization coverage amongst under five and practical oriented training for service providers needs to be geared up.

PG – 34

Study of awareness of gestational diabetes mellitus among antenatal women in a primary health centre

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Aim: To study the awareness of gestational diabetes mellitus (GDM) among pregnant women attending an antenatal clinic in a primary health centre.

Methods: One hundred and twenty consecutive women attending an antenatal clinic during the months of September-October'08 in a Primary health centre were administered a questionnaire focusing on general awareness of diabetes mellitus (DM) and GDM which included their risk factors and basic aspects of diagnosis, treatment, consequences and the source of their knowledge. The number of questions were kept to a minimum (n=12) to prevent responder disinterest.

Results: Majority of women were housewives (90%) with secondary education (65%). Most of them (84%) were aware of the increasing prevalence of Type 2 DM. Though 68% of the women were aware of GDM, only around 50% of them knew about the risk factors for GDM

and only a third of them knew about the treatment options or the course of GDM. Almost three-fourth of the women was aware that the unborn is at risk and that the GDM women have a higher risk for type II Diabetes later.

Conclusion: Many mothers were fairly aware of the entity of GDM. However, more efforts are necessary at program level to improve the awareness about risk factors, course or the effects on the unborn child as the prevalence of GDM is rapidly increasing among Indian women.

PG – 35

A Study of incidence and risks for falls among the elderly of an urban slum

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Research question: What is the annual incidence of falls and prevalence of risk factors for falls among elderly in an urban slum?

Objective: To assess the annual incidence of falls and prevalence of risk factors for falls among elderly in an urban slum

Materials and Methods: 70 randomly selected elders residing in an urban slum were surveyed using a pretested instrument. Physical examination and functional assessment was done.

Results: 44% of elders reported falls in the past year, 29% recurrent. 70% had stairs at home, 68.6% uneven surface and 48.6% cluttering. Clutter was significantly associated with reported falls ($p < 0.05$). 70% reported musculoskeletal problems, 31% tingling and 31% urinary problems. Presence of tingling was significantly associated with reported falls ($p < 0.05$). 70% elders were physically active, 30% sleep < 6 hours daily, 20% wear slippers at home and 13% practiced polypharmacy. Reported falls were higher among those who slept < 6 hours daily ($p = 0.02$) and wore slippers at home ($p = 0.02$). 70% were hypertensive, 37.1% had postural hypotension, 10% cognitive impairment and 2.9% were not independent for their ADLs.

Conclusions: Falls are common in the elderly. High levels of environmental, intrinsic and behavioral risk factors for falls are present in the population studied.

PG-36

Inter-spouse communication and acceptance of family planning

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Research question: Does inter-spouse communication have an impact on adoption of family planning and desired family size.

Aim and objectives: (1). To assess the extent of inter-spouse communication about family planning and desired family size. (2) To evaluate the impact of inter-spouse communication on family size.

Materials and methods: The study was conducted among 718 ever married women residing in rural and urban areas of Aligarh. Women were asked a set of questions regarding inter-spouse communication about family planning. Women were interviewed in a non-judgmental

manner and confidentiality was ensured. Questions were asked to women about whether discussion about the desired family size featured in their conversation with their husbands. Women who were not discussing were further probed about reasons for not doing so. They were also enquired whether contraceptive method choices were made after discussion with their husbands.

Results: 588 women (81.9%) had talked to their husbands regarding the number of children they should have. 18.1% of the women had never talked to their husbands about the number of children. Among women who had never talked to their husbands about the desired number of children 71.5% thought that it was unnecessary to talk about such matters, 68.5% women felt that their husbands would be uninterested to talk, although 33.8% women felt that their husbands were in favour of family planning. Women who had talked to their husbands about family planning had less number of living children ($p < 0.001$). Current use of contraceptives was found to be significantly associated with discussion of woman with husband about family planning ($p < 0.05$). Among the total sample 309(43%) had never discussed the choice of a contraceptive method.

Conclusion: Inter-spouse communication about family planning matters has a positive impact on adoption of family planning and desired family size.

PG-37

A study of knowledge, prevalence and health seeking behaviour regarding Reproductive Tract Infections among ever-married women of reproductive age group in a peri-urban slum, Bangalore

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Research Question: What is the knowledge, prevalence and health seeking behavior regarding Reproductive Tract Infections among ever-married women of reproductive age group in a peri-urban slum?

Aim & Objective: (1)To determine the knowledge regarding Reproductive tract infections among reproductive age group women in a peri-urban slum.(2)To assess the prevalence and Health seeking behaviour among them.

Materials and Methods: A cross sectional study among 179 ever married women of reproductive age group in a peri-urban slum in April 2008. A pretested and restructured WHO interview schedule was administered after consent.

Results: On assessing the knowledge regarding RTI 31% knew at least about one symptom, 49% aware of causes, 60% about complications, 66% regarding prevention, 89% regarding treatment and 22% were aware of partner treatment. 70 (27%) women were suffering from some symptoms of RTI. 11.7% were suffering from WDPV, 11.2% pain during intercourse and 10.1% from lower abdominal pain. Of 70 women 42(60%) sought some treatment and 28 (40%) did not seek any treatment. 69% sought treatment from private hospital, 26% from government hospital. Prevalence of RTI was significantly higher among tubectomised women compared to others.

Conclusions: Knowledge related to RTI with respect to symptoms and partner treatment is low. Prevalence and health seeking for RTI is also considerably low among this population.

The status of the maternal health entitlements under Janani Suraksha Yojana in selected villages of Kollegala taluk

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Research Question: what is the status of the maternal health entitlements under Janana Suraksha Yojana under NRHM in selected villages of Kollegal Taluk?

Objective: To evaluate selected entitlements under the JANANI SURAKSHA YOJANA among women who delivered between 1st February 2007 and 31st January 2008 in selected villages of Kollegala Taluk, Chamarajnagar district.

Materials and methods: It is a descriptive study conducted in selected villages (62 villages under 8 PHCs) of Kollegala Taluk from February-April 2008. There were 668 deliveries documented in Comprehensive Rural Health Project, Hanur from 1st February 2007 to 31st January 2008. Due to time constraints 469(70%) out of 668 documented deliveries were included in the study. Quantitative data was collected using pretested Interview Schedule with modifications; Qualitative data was obtained by KII with ANM and Anganwadi Workers.

Results and Conclusions: The JSY benefits had not completely reached the targeted beneficiaries at the stipulated time. Even among them, who had received the benefits it was not complete. Though JSY has been a good initiative in promoting institutional deliveries, there have been technical difficulties which have to be addressed.

Maternal mortality reduction strategy in medak district of Andhra Pradesh

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Objectives: Providing evidence for action to obtain qualitative information of maternal deaths and the three delays. Critical analysis for complete, comparable database, application of evidence based individualized remedial strategies decreasing maternal death in the given area.

Method: 29 maternal deaths (2007-08) in Medak district audited by team of obstetrician, physician & community medicine specialist with support of district administration. Community based study using verbal autopsy method. Health facility information regarding care, proximity, mode of transport and bio-economics obtained.

Results: 66.6 mothers who died were at extremes of age. 50% were teenage mothers, age at marriage was less than 17 years in 61.1%. 72% were illiterate. 89% had regular ANC's and 86.6% had risk factors identified. 22% had home deliveries. 22% died undelivered. Obstetric haemorrhage was the leading cause of death. 66.7% died in transit, 38.8% changed more than two facilities. Autorickshaw was the main mode of transport from home to facilities.

Conclusion: Community addressed regarding female literacy, age at marriage, birth preparedness and harmful cultural practices. Field staff trained regarding foolproof method of risk identification and hands on job training given. EMOC staff position increased. CeMONC

centres opened in remote areas. FRU and district hospitals made functional providing blood bank facility and specialized care.

PG-40

A comparative study on nutritional status of preschool children of working and non-working mothers in slums of Dibrugarh

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Objective: To compare the nutritional status of preschool children of working and non-working mothers and to increase awareness among mothers on how to improve their child's nutritional status in slums of Dibrugarh.

Materials and Methods: A cross sectional study was carried out among the preschool children in ten different slum pockets of Dibrugarh from August 2006 to July 2007. The mothers of the study subjects were interviewed through self-administered questionnaires. Anthropometric measurements (height, weight and mid-arm circumference) of the study subjects were taken.

Results: The prevalence of underweight children was 62.68% and 58.50% among the children of working and non-working mothers respectively. The prevalence of stunted children was 61.19% among the children of working mothers and 50.98% amongst those of non-working mothers. The prevalence of wasting was 28.35% amongst children of working and 15.02% amongst those of non-working mothers. A total of 12.81% children were having signs and symptoms of vitamin A deficiency and 78.13% of the children were having anaemia.

Conclusions: The prevalence of protein energy malnutrition was higher among the children of working mothers as compared to those of non-working mothers. Lower income appeared to be the major factor which was aggravated by mother's working status.

PG-41

Distribution of the anthropometric parameters and fasting blood glucose level in urban population of Rohtak

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Research question: What is the distribution of anthropometric parameters & fasting blood glucose (FBG) level in the community?

Aims & objectives: (1) To measure the anthropometric parameters & FBG level of the study population (2) To study the association between anthropometric parameters & FBG level of the study population

Materials & methods: **Study design:** Population based descriptive type of epidemiological study, design adopted was cross-sectional. **Study settings:** Urban field practice area attached to Dept. of Community Medicine PGIMS, Rohtak. **Study subjects:** Adults aged 18 years or above. **Sample size & technique:** 300 subjects were selected by simple random sampling. Anthropometric measurements (height, weight, waist diameter, waist to hip ratio, BMI) were

followed by overnight fasting blood sample collection for FBG estimation. American Diabetic Association (ADA) criteria are used for the study purpose. **Statistical analysis:** percentages & proportions, t-test, correlation coefficient

Results & conclusion: 14% of the study subject have impaired FBG levels. 24% of study subjects are overweight using standard weight for age criteria. There is significant association between FBG level, waist diameter & waist to hip ratio ($P < .005$). However the association between FBG, weight & height was found to be non-significant.

PG-42

A study on treatment seeking behaviour for acute illness among a fishermen community in Nellore

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Research Question: What is the treatment seeking behaviour for acute illness among a fishermen community in Nellore?

Aim & Objectives: To find out the treatment seeking behaviour of fishermen for acute illness.

Material & methods: **Study Design:** Cross sectional study. **Study setting:** Fishermen households in Krishnapatnam village, Nellore district. **Study participants:** People aged more than 18 yrs from the selected fishermen village. **Methodology:** Information regarding acute illness and treatment seeking behaviour was collected using a pre designed pre tested questionnaire. The collected data was analysed using SPSS.

Results: A total of 153 episodes of acute illness have been recorded. Of these 37.9% did not take any treatment. 23.5% took treatment from a government health facility, 13.7% consulted a private practitioner 15.7% from RMP. 9.2% took self medication.

Conclusion: A high percentage (37.9%) of people from fishermen community did not seek any treatment for acute illness.

PG-43

A Study on the treatment outcomes of patients on DOTS in Nellore district

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Research Question: What is the various treatment outcomes in Tuberculosis patients treated with DOTS regimen?

Aim & Objectives: (1) To study the socio demographic profile of Tuberculosis patients enrolled for DOTS regimen. (2) To find out the different categories of tuberculosis patients. (3) To analyze the treatment outcomes in tuberculosis patients treated with DOTS regimen under RNTCP

Material & Methods: **Study Setting:** Tuberculosis units of Nellore District.

Study Design: longitudinal study. **Study Participants:** 165 tuberculosis patients enrolled for DOTS regimen in the first quarter of 2007. **Statistical analysis:** SPSS

Results: The various treatment outcomes in the present study are: cure rate 91%, treatment completion rate 88.5%, defaulter rate 3.03%, died 5.35%, failure rate 1.8%.

Conclusion: all the outcomes are well with in the expected norms of RNTCP except for the death rates.

PG-44

Comparative study of prevalence of vitamin deficiencies and assessment of personal hygiene among students in private and municipal school

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Introduction: Nutritional deficiency at earlier ages leaves their mark in adolescents. Children constitute 40% of population. Studies from India had shown vitamin A deficiency of 6%, vitamin B 4% and vitamin C 3%. Nutritional deficiencies and awareness of personal hygiene varies from municipal to private schools.

Aim: Compare nutritional status of students for vitamin deficiencies among public and private school in urban area.

Objectives: To assess socio demographic correlation with vitamin deficiencies. (2) To assess association between BMI and vitamin deficiencies. (3) To assess assessment of personal hygiene.

Material and method: Cross sectional study. From September 08 to October 08. Students from grade IV and V private and municipal school were assessed for vitamin deficiencies and personal hygiene. Percentages and t test calculated and SPSS used.

Results: Vitamin A deficiency is found in 13%, Vitamin B deficiency in 4%, Vitamin C deficiency in 7% students and none of the students showed vitamin D deficiency. 33% student showing vitamin deficiencies are undernourished. Personal hygiene in municipal school students is less than that of private.

Conclusion: A considerable proportion of student has clinically observable vitamin deficiency diseases and under nutrition. Emphasis on healthy diet and personal hygiene with maintenance of growth charts at school level is needed.

PG-45

A study of sociodemographic and psychological profile of HIV / AIDS patients visiting to DIC

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Introduction: There are 39.5 million people living with HIV /AIDS worldwide. In India, the estimated number of HIV infections as per NACP-III is 2.7 million. Most of HIV infections in India are due to unprotected heterosexual transmission. Factors such as socioeconomic background, employment insecurity, social & family pressure are involved in causing psychological stress –depression in people with HIV/AIDS.

Objectives: (i) To assess sociodemographic & psychological status of HIV/AIDS patients. (ii) To study the correlation between them.

Material & methods: A cross sectional study of HIV positive individuals attending Drop In Centre JJH Mumbai was conducted during September 08 & Oct 08. Structured questionnaire & records of patients at DIC viewed. A standard depression scale was used to assess psychological status.

Results: Male to female ratio 1.5:1.72% patients were in the age group of 21-40years. Sexual route was main route of transmission (77%) followed by blood transfusion. Patients who were illiterate or received only primary education constituted 70%. Most common opportunistic infection was T.B 25%. Majority of the people presented with social deprivation, feeling of seclusion from family, insecurity with lots of emotional disturbances leading to agitated social behaviour. Depression was noticed to be a major factor.

Conclusion: Sociodemographic factors have some impact on psychological status of patients. Study shows that along with medical management, HIV positive patients require more care in terms of social support, effective counselling, Rehabilitation.

PG-46

Analysis of infant deaths in tertiary care hospital setting

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Introduction: The infant mortality rate has been recognized as a summary index of the socio-economic development of the region. This recognition has spurred international organizations and national governments to intensify their efforts to reduce the level of infant mortality and promote greater child survival. It therefore becomes imperative to explore the underlying causative factors that impede the reduction in infant mortality. The present study attempts to find out causes and determinants of infant mortality in tertiary care hospital setting.

Objectives: (i) To find out causes of infant deaths occurring in tertiary care hospitals.

(ii) To find out association of socio-demographic and maternal care factors and other factors (number of siblings, birth order etc.) with infant mortality in tertiary care hospital setting.

Method: It is a record based study. Data was collected for the last one year (October 2007 to September 2008) from medical record department, Sir J J Group of hospitals, Mumbai, Maharashtra. Details were noted down from two sources, Death forms and the Case record files.

Result: After evaluation of Death forms it is found that total infant deaths were 188. Among them 142 deaths were in early neonatal period. Male to female ratio is 1.8:1. Major contributors for deaths were Infective & parasitic diseases 31%, Diseases of respiratory system 26.5%. Data collected from Case record files is under analysis.

PG-47

Bed utilization rates at a tertiary care hospital in Mumbai

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Introduction: Hospital bed is an important and costly resource for all health systems. Effective management of hospital resources can decrease the cost of health care. There is a need of objective measures and methods for efficient management of limited financial

resources. Bed utilization rates can be used for understanding the trend and managing the resources accordingly.

Aim: To observe the trends of bed utilization in tertiary care government hospital.

Objectives: (i) To calculate average length of stay, bed occupancy rate, bed turnover interval and bed turnover ratio. (ii) To discuss future need for beds and factors affecting this need.

Methodology: Data is obtained from hospital record section of a tertiary care hospital about bed occupancy rate, bed turnover rate, and average length of stay for different wards, from Jan 2003 to Jan 2008. Mean and Percentages are calculated.

Results: Average length of stay (ALOS) is 15.3 days. Bed occupancy rate is 82.2%. Average length of stay in Orthopaedic ward ALOS is 35 days in Medicine ward 8 days, Leprosy ward 27 days. The numbers of patients admitted are increasing yearly but turnover interval is decreased. Average bed turnover rate is 12.3

Conclusion: Bed utilization indices are effective tool for hospital management.

PG-48

Study of association between dietary habits and prevalence of obesity among children and adolescents

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School based data on obesity in India shows a prevalence of 5.6-24% among children & adolescents. Obese child has 80 % chance of being an obese adult. Obesity in adulthood is a known risk factor for heart disease, diabetes, high blood pressure, and stroke.

Aim: Study association of Dietary habits and Obesity in children and adolescents.

Objectives: (1) Find association of physical inactivity and obesity. (2) Assess psychological impact of obesity.

Material & Methods: From Sept to Oct 2008, students from IV to VII grade of public school assessed for dietary habits, BMI calculated. Percentage, chi square test are calculated and statistical analysis using SPSS.

Results: Prevalence of obesity was 2% and overweight was 13% in children and adolescents. More prevalence of overweight is seen in adolescent girls. Junk food and sugary beverages consumption were significantly higher in obese and over-weight.

Conclusion: Healthy development of adolescents is dependent upon complex factors. Healthy dietary habits and increased physical activity should be emphasized.

PG-49

Dengue fever and leptospirosis reported cases in a tertiary care hospital with special reference to symptomatology

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Aim: To study common clinical features with which Dengue fever and Leptospirosis cases present

Objectives: (1) To study case rate of Dengue fever and Leptospirosis in the tertiary care hospital at metropolitan city. (2) To assess clustering of Dengue fever and Leptospirosis cases over a year. (3) To study common symptomatology of Dengue fever and Leptospirosis cases.

Material and Methods: Hospital record based study. All confirmed cases of Dengue fever and Leptospirosis reported from January 2004 to November 2008 were studied. Specific information about symptomatology of cases was obtained from Medical Record Section.

Results: Of 436 cases screened, 178 had Dengue fever and 258 had Leptospirosis. 97% of the cases were reported during monsoon and immediate post-monsoon period (from August to November). History of contact with flood/Stagnated water is present in all Leptospirosis cases. Other most common symptoms are Conjunctival suffusion, abdominal pain and skin rash. Most common symptoms in confirmed Dengue fever are high grade fever in all cases followed by retro-orbital pain and myalgia.

Conclusion: Enhanced ability to discriminate acute febrile cases into Dengue fever and Leptospirosis early in illness would help guide the appropriate use of healthcare resources in often resource-limited health set-up.

PG-50

Intradermal antirabies vaccination roll out: 3 months experience

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Objectives: (i) To reveal cost effectiveness of intra dermal regimen over the intramuscular PEP regimen. (ii) To study adherence to 4 dose regimen. (iii) To calculate vaccine wastage.

Methods: Hospital record based study. Patients who attended Anti rabies clinic from July to Sept 2008 were studied. Intra dermal vaccination was initiated from 1st July 2008 in Anti rabies clinic replacing the 5 dose Essen regimen. 322 patients who were given Inj. PCECV by intra dermal route formed the study group. Pearson's Chi square test was used as a test of significance. **Result:** Out of 322 patients studied, 252 (78%) patients completed the 4 dose intra dermal regimen. This is in stark contrast to previous evidence from our centre in which a compliance of 42.2% to the intramuscular regimen was evident (Pearson $\chi^2 = 143.74$, $df=1$, $p<0.0001$ (VHS). A total number of 290 vials were used for ID vaccination which cost Rs. 66,700. In comparison, the Essen regimen would have cost Rs. 3, 34,190/- for the same number of (1453 vials of PCECV). The Rate contract pricing for PCECV in our hospital is Rs. 230 per vial. The Total wastage of vaccine was approximately 17%. **Conclusion:** Intra dermal regimen accounted for a saving of Rs. 2, 67,490 for the Hospital authorities in just a 3 month period. Enhanced compliance to the ID regimen is also evident. Roll out of the Intra dermal route of administration has been an enriching experience.

PG-51

Appraisal of health status of under fives in a rural area of Varanasi

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Research question: Are under nutrition and childhood morbidities still a problem in rural

area?

Aim & objectives: To appraise of health status of under fives in a rural area of Varanasi

Materials & methods: This cross-sectional study was carried out on under fives selected from two villages of Chiraigaon CD block of Varanasi district by adopting appropriate sampling technique. Standard IMNCI format and guidelines were used for this purpose.

Results: Fifty percent study subjects had some problems. Proportion of children belonging to very low weight, not very low weight and low weight categories were 27.8%, 38.9% and 33.3% respectively. Exclusively Breast feeding was practiced in 16.7% children only. Rest of the finding will be presented and discussed.

Conclusion: There is a need and scope for improving child feeding practices to improve nutritional status and general wellbeing of under fives in the study area.

PG-52

Health outcomes of sublingual immunotherapy compared to subcutaneous immunotherapy among patients suffering from allergic rhinitis and allergic bronchial asthma

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Objectives: (1) To describe the socio demographic profile among patients receiving Sublingual immunotherapy and subcutaneous immunotherapy. (2) To assess the health outcomes in terms of, reduction in allergic symptoms using symptom diary, reduction in use of rescue medications using treatment diary, changes in quality of life (QOL), among patients receiving sublingual immunotherapy and subcutaneous immunotherapy. (3) To enlist both local and systemic adverse reactions of Sublingual immunotherapy (SLIT) and subcutaneous immunotherapy (SCIT).

Methods: The present study was conducted in Allergy clinic, Preventive Medicine unit, Kempegowda Institute of Medical Sciences Hospital and Research Centre, Bangalore, Karnataka, during January 2007 to August 2008. 50 patients were recruited who were positive for skin prick test, 25 each for SLIT and SCIT using randomization technique and followed up for a period of one year.

Results: Nasobronchial allergy was common in the age group of 21-30 years (38%) and majority of them were females (58%). The number of symptom man days and treatment man days decreased both among patients who were on SLIT (73% and 77% respectively) and SCIT (77% and 84 % respectively) over a period of time. There was improvement of QOL in SLIT group over a period of time from mean rank of 13 at baseline to 1.43 at 12th month of follow up which was statistically significant with $p < 0.001$ and also in SCIT group from mean rank of 13 at baseline to 1.07 at 12th month of follow up which was statistically significant with $p < 0.001$. The difference in improvement of QOL scores between these two groups was not statistically significant during the follow up period. The adverse reactions reported among Sublingual immunotherapy (SLIT) group were only taste disturbance and itching of ears.

Conclusion: Both Sublingual immunotherapy (SLIT) and Subcutaneous immunotherapy (SCIT) are equally efficacious in reducing the symptoms & intake of rescue medications and equally efficacious in improving the Quality of life among patients with nasobronchial allergy. **Keywords:** SLIT, SCIT, Health outcomes, Quality of life, Skin prick test.

Clinical evaluation of safety and immunogenicity of Purified Chick Embryo Cell (PCEC) rabies vaccine, administered intradermally using updated Thai Red Cross (TRC) regimen in animal bite cases

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Objectives: To assess the safety & immunogenicity of purified chick embryo cell vaccine (PCECV) when administered intradermally using Updated Thai Red Cross (TRC) regimen in animal bite cases.

Methodology: The study was conducted at the anti rabies clinic, KIMS Hospital and Research Centre run by the Department of Community Medicine, KIMS, Bangalore. This was a non-randomized, non-comparative, phase IV clinical trial. A total of 85 subjects with animal bite were enrolled into the study. Majority 81 (95%) of the subjects were exposed to animal bite for the first time and only 4 (5%) had re-exposure. Subjects with animal bite for the first time were administered PCEC vaccine, 0.1 mL intradermally in both deltoid regions on days 0, 3, 7 & 28 as per Updated TRC (2-2-2-0-2) regimen. Rabies immunoglobulins (RIG) were administered in all category III bites as per WHO recommendations. Subjects with re-exposure were administered 0.1 mL of PCEC vaccine intradermally on deltoid region on days 0 and 3. Rabies virus neutralizing antibody (RVnAb) titers were estimated by RFFIT at NIMHANS, Bangalore.

Results: The subjects were in the age group of 18-55 years, out of which 70 (82.4%) were males, 45 (52.9 %) belonged to lower socioeconomic class and 34 (40 %) had category III bites. 48 (56.5%) subjects had washed the wound/s immediately after animal bite & 34 (40%) were administered ERIG. 15 (18.5 %) subjects who were administered PCECV using Updated TRC regimen complained of mild pain at the site of vaccination and incidence of adverse events was 2.3% (648 ID doses administered). All the subjects who received PCECV using Updated TRC regimen had adequate & protective RVnAb titers (≥ 0.5 IU/ mL) from day 14 till day 180. The RVnAb titers in re-exposure subjects increased from day 5 and persisted upto day 180. **Conclusion:** Purified chick embryo cell (PCEC) rabies vaccine when administered intradermally using Updated TRC regimen is safe & produced protective rabies virus neutralizing antibody (RVnAb) titers. **Keywords:** Rabies; Updated TRC; PCEC vaccine; RVnAb; ERIG

Prevalence of bronchial asthma in adult population in rural field practice area of Kempegowda Institute of Medical Sciences, Bangalore

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Objectives: (i) To describe the socio-demographic profile of the study population. (ii) To

assess the prevalence of bronchial asthma. (iii) To determine the risk factors associated with bronchial asthma.

Methods: 30 villages (clusters) comprising of 3194 adult individuals, which come under K.Gollahally and Sulikere Primary Health Centres, covering a population of 44,387 residing in 71 villages, were selected using cluster-sampling technique. In each cluster, 104 adult individuals aged between 18 years and 70 years were surveyed by house-to-house visit. On visiting each house, previously validated and standardized translated Kannada version questionnaire was administered. All the respondents who answered affirmatively both to (a) whistling sound from chest, or chest tightness, or breathlessness in the morning, and (b) having suffered from asthma, or having an attack of asthma in the past 12 months, or using bronchodilators, were subjected for clinical examination followed by sputum for AFB, chest X-ray & spirometric measurements (FVC, FEV1, FEV1/FVC and PEFr) for the diagnosis of asthma. Among those individuals who gave negative response to the asthma questions, equal number of age and sex matched controls were also subjected for spirometry. The data was compiled and analyzed.

Results: Among the 3194 respondents, 1518 (47.5%) were males & 1676 (52.5%) were females. In the present study the prevalence of bronchial asthma was 0.91%. The risk factors like family history of atopy (0.47%), history of asthma in a first degree relative (1.04%), all forms of tobacco smoking (1.54%), consumption of tobacco product other than smoking (1.01%), dampness in the house (1.11%) and use of smoke forming fuels like wood & charcoal (70.14%) were associated with significantly higher odds of having bronchial asthma ($p \leq 0.05$).

PG- 55

Clinical evaluation of safety and immunogenicity of Indirab and Verorab using simulated Updated Thai Red Cross regimen in healthy volunteers: Phase III, randomized controlled trial

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Objective: To compare the safety and Immunogenicity of indigenously manufactured Indirab (CPRV) & Verorab (PVRV, WHO and DCGI approved for intradermal use) when administered intradermally using simulated Updated TRC regimen (2-2-2-0-2) in healthy volunteers.

Methods: In a randomized, active control, parallel assigned, phase III clinical trial, 60 healthy volunteers in the age group of 18-55 yrs were administered anti rabies vaccine intradermally using simulated updated TRC regimen. The study was conducted over a 1 year period at the Anti-rabies clinic of KIMS Hospital and Research Centre run by Department of Community Medicine, KIMS, Bangalore. 30 healthy volunteers in each vaccine group received either Indirab or Verorab, 0.1 mL on both deltoids on days 0, 3, 7 & 28 as per simulated Updated TRC regimen. 5 mL of venous blood was collected from volunteers on days 0, 14, 28 and 90 and sera tested for rabies virus neutralizing antibody titers by RFFIT at NIMHANS.

Results: The incidence of adverse drug events was 15 (6.2%) in Indirab group and

6(2.5 %) in Verorab group. All the adverse drug events were mild and resolved spontaneously without medication. All the subjects (100%) had adequate and protective RVnAb titers by day 14 and persisted till day 90. The GMT (IU/mL) on day 14, 28 and 90 was 4.5, 8.7, 4.3 in Indirab group and 4.6, 8.8, 4.8 in Verorab group respectively. There was no statistical significant difference in the GMT values between the two vaccine groups on different days.

Conclusion: Indirab, indigenously manufactured anti rabies vaccine is immunogenically comparable to Verorab when administered intradermally using simulated Updated TRC regimen (2-2-2-0-2) in healthy volunteers. The adverse drug reactions with Indirab were mild and slightly higher when compared to Verorab.

PG- 56

Medical students attitude towards seeking professional psychological help

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Background: Medical students are at risk of developing emotional difficulties, due to high levels of both academic and interpersonal stress associated with medical training. Previous work with medical doctors suggests that there is an ad hoc approach to dealing with stress and resistance within the profession to help-seeking.

Aim: To explore the attitude of a group of psychologically distressed medical students towards stress and to examine their views on help-seeking.

Study Design: Cross sectional design. **Methods:** Medical students from an urban medical college completed a set of paper pencil measures (N=148). Students who reported suicidal ideation (n=48) on the General Health Questionnaire-28 (GHQ-28) and provided contact details (n=15) were interviewed using a semi-structured interview.

Results: Medical students recognized that studying medicine contributed to their experience of stress. In addition, students reported feelings of isolation, inability to form and sustain friendships, communication difficulties, family and financial problems. Students reported stigma associated with seeking professional psychological help. Help seeking behavior was seen as a sign of personal weakness and inadequacy.

Conclusion: Medical students experiencing significant psychological distress and suicidal ideation are unlikely to seek appropriate interventions owing to multiple attitudinal barriers and stigma. A mentoring approach that encourages a discussion on mental illness, stress related conditions and coping mechanisms might be helpful in overcoming these barriers to seeking help.

PG-57

Development of health education module for mothers on infant and young child feeding practices (IYCF)

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Introduction: For children to grow normally there are many parental care behaviors related

to food that are essential to ensuring adequate nutritional intake. Obtaining and selecting foods that meet nutritional requirements, preparing them safely and in a form that is appropriate for the child's age, feeding them in a manner that encourages adequate intake.

Objective: To develop a module of health education for mothers regarding culturally sensitive, appropriate and locally acceptable infant and young child feeding practices to improve the nutritional status of children.

Materials and Methods: **Study setting:** Field practice area of department of Community Medicine, Kasturba Medical College, Manipal. **Study Population:** Mothers and their children under 2 years of age. **Study Period:** July to August 2007. **Data collection:** (a) Existing data review. (b) House hold observation. (c) In - depth interview. (d) Focus group discussion. (e) Trials of improved practices. (f) 24 – hour diet recall method.

Results: The module is based on formative research and recommendations of WHO and UNICEF. The module covers is a pictorial presentation of feeding practices regarding newborn care, breastfeeding, complementary feeding, diet chart, management of special situations, few solutions and the effective conversation for optimal feeding practices.

Conclusions: The module can be used by the grassroots health workers like Anganwady workers and village health workers to improve the infant and young child feeding practices to improve the nutritional status of children specially under 2 years through out Karnataka.

PG-58

A case study of MCHN days in rural Tonk: applying frameworks for assessing quality of MCHN services on MCHN sessions

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Research Question: Whether delivery of maternal child health and nutrition services on Maternal Child Health and Nutrition (MCHN) days in rural Tonk complies with the International Planned Parenthood Federation (IPPF) quality framework? **Aim and Objectives:** (1) To study the combined approach to quality in delivery of MCHN services on MCHN days. (2) To identify quality concerns in the delivery of MCHN services using IPPF quality framework. (3) To assess resource, structural and other factors required for conducting quality MCHN days.

Materials and Methods: The functional rural MCHN day sessions during the ten day timeline of our field study were selected for the study. Follow up semi structured interviews with the MCHN day clients and providers were conducted during the month of October 2008 in the villages of Natwara, Kareempura and Dhani Jugalpura. The data collection was done using 53 semi structured interviews and 10 focussed group discussions with MCHN day beneficiaries, providers and other stakeholders.

Results: The findings of the study showed that of the ten client's right components in the IPPF framework of quality, the component of information, expression of opinion and continuity of care plays an important role among the MCHN day beneficiaries. The components of training, infrastructure, respect and supplies lacked in the provider's needs in ascertaining the quality of services during MCHN sessions. **Conclusion:** The complete basket

of quality services can be delivered effectively and efficiently only if client's rights as well as provider's needs are met so that complete basket of services can be provided during outreach sessions.

PG-59

A study on prevalence of anaemia amongst pregnant women in a rural area of Wardha district

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Background: Nearly half of non pregnant women and young children are estimated to suffer from anaemia. 60 to 80% of pregnant women are anaemic 20 to 40 % of maternal mortality are attributed to anaemia.

Objectives: (1) To find out the prevalence of anaemia amongst pregnant women. (2) To correlate socioeconomic factor with other factors with grading of anaemia

Material and Method: The Cross-sectional study was conducted in two villages Seloo and Deoli the rural field practice area. A total of 164 pregnant women with gestational period between 12-20 weeks were registered. The haemoglobin estimation was done by Sahli's method. Anemia was classified as per WHO criteria.

Results: A high prevalence (78.5%) of anemia was observed. The prevalence of anemia was found significantly higher in those with >25 years, educated till school or less, and birth interval of <36 months.

Conclusion: Anaemia in pregnancy is contributed by many factors as the educational status of women, the time interval between two childbirths, mode of delivery.

PG-60

Prevalence of RTIs/STIs in reproductive age women and socio-cultural factors associated with it: A community based cross-sectional study

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Research question: Are the socio-cultural factors influencing RTIs/STIs in reproductive age women? **Aims and objectives:** To assess the prevalence of RTIs/STIs in women of reproductive age group and to know various socio-cultural factors influencing it.

Material & Methods: Extent of RTIs/STIs was estimated by Syndromic approach in 800 women of reproductive age group selected from 4 villages of Chiraigaon block of Varanasi following appropriate technique. Information pertaining to socio-cultural factors was obtained by interviewing them using a pre-tested pre-designed interview schedule.

Results: Of 359(44.90%) subjects reporting at least one symptom of RTIs/STIs, vaginal discharge and low backache were present in 87.5% and 44.6% subjects. Cox Proportional Hazard model revealed that elder age of women, illiteracy, lower SES, early age of consummation, history of abortion and multiparity were significant contributors of RTIs/STIs in the subjects.

Conclusion: The prevalence of RTIs/STIs was high in the rural Varanasi. This may be due to low level of awareness regarding health and health related issues. Services for prevention and for care of people with sexually transmitted infections should be expanded and embrace a public health package that includes all the dimensions related to sexual health.

PG-61

Study of knowledge, attitude and awareness regarding prenatal diagnostic technology act among the pregnant women admitted in tertiary care hospital in Mumbai

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Aim: To study the Knowledge, Attitude, Awareness regarding Prenatal Diagnostic

Techniques Act among the pregnant women admitted in LTMGH, Sion, and Mumbai.

Objectives: (i) To study the Knowledge, Attitude and Awareness regarding PNDT Act. (ii) To study association between knowledge, attitude regarding PNDT Act and their literacy level and per capita income. (iii) To study the relationship between knowledge, attitude, awareness and their occupation.

Place of study: The study was conducted in the antenatal ward of LTMMC. **Duration of study:** 2 months. **Study design:** It was a descriptive type of study. All pregnant women admitted to the ANC ward were included in the study.

Results: Most of the women lie in Class I & II, per capita income Very few, 27.9 % women are aware of PNDT act. 70.5 % husbands were aware of PNDT Act. Education was significantly associated with awareness about PNDT Act.

Conclusion: The awareness related to PNDT Act is very less though the act is in place since 14 years back. Hence, significant awareness must be spread for the women through various awareness activities.

Interns Presentation

I-1

Appraisal of intensified pulse polio immunization at Jawaharlal Institute Rural Health Center in Pondicherry

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Background: The Intensified Pulse Immunization Program (IPPI) has been implemented since 1999-2000. Studies show that only 80% of eligible children were immunized on booths during IPPI. **Methods:** Two rounds of IPPI in January and February, 2008 in four villages under Jawaharlal Institute Rural Health Center, Pondicherry were evaluated. **Results:** The total percentage of children immunized in booths on both the IPPI days were 92.75% and 93.2% respectively and this less coverage can be explained by lack of community participation, health education, community mobilization and trained health staffs. And it also shows the importance of house to house visits as part of IPPI program. In one village, this contained only 64 eligible children showed 100% coverage in booths on both the days. This shows that the less the eligible children under each booth, the more the children were

mobilized to booths. In another village, the no. of eligible children who were not immunized in booths decreased from 24 in January to 6 in February after the health education given by health staff and this illustrates the importance of health education in community mobilization of children to booths for immunization. Conclusion: We conclude that more children can be vaccinated in booths during IPPI by improving health education, trained health staffs, community mobilization and the number of booths.

I-2

A pilot study to assess the prevalence of soil transmitted helminthes among middle school children in rural Tamil Nadu

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Aims & objectives: To assess the prevalence & risk factors of worm infestation among middle school children (11 – 14 yrs).

Materials and methods: A cross-sectional school health survey was conducted among 538 middle school children in rural Tamil Nadu (Chunampet, Kanchipuram Dist) in August - September 2008. A 25% sample was selected by systematic random sampling in which stool containers were given to every 4th child. Questionnaire interview & clinical examination was conducted for each child (133). Stool smear was examined by Interns in the rural health centre laboratory. Data was analysed by Proportions, Odd's ratio, Chi Square test.

Results: The response rate of school children who were given stool containers was 49.6% (66). The prevalence of ova in stools was 42.4% (28). The most common type of worm infestation was Roundworm 60.7% (17), followed by Hookworm 25% (7), Trichuris trichura 7.1% (2) and Enterobius vermicularis 3.5% (1). The risk factors identified were non-use of footwear (OR = 1.4) and poor personal hygiene (OR = 1.7) It was also found that children with worms in stool smear had more malnutrition (statistically significant, OR = 6.1, < 0.05).

Conclusions: Middle school children had a high prevalence of worm infestation (42.4%) School health survey should include simple laboratory tests such as stool smear examination. Risk factors identified need to be addressed by local school authorities.

I-3

Assessment of prevalence of anemia among rural Tamil Nadu- a pilot study

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Aims and objectives: (1) To estimate prevalence of anemia in a study population. (2) To study the risk factors responsible for anemia.

Methods: A cross-sectional study was conducted among 133 willing respondents from 3 villages in the service area of Chunnampet Rural Health Centre, Kancheepuram district, Tamilnadu. Hemoglobin estimation was done in the houses of the study population by acid-haematin method after obtaining informed consent from the participant. The study variables included age, sex, BMI, diet, clinico-epidemiological factors and hemoglobin level, which

were analyzed by chi-square test and odds ratio. Males with less than 12 g/dl and females with less than 11 g/dl were labelled as anemic.

Results: In this study, 104 [78%] were found to be anemic. Mean hemoglobin of the study population was found to be 11.1 g/dl. significant risk factors($p<0.05$) identified were persons with BMI <18; age at marriage <21 yrs; greater than 2 children; birth spacing < 3 yrs; inadequate intake of green leafy vegetables; walking bare foot.

Conclusion: The pilot study revealed a high percentage [78%] of anemic persons in this rural population. Since most risk factors identified are preventable, appropriate intervention and research will be done in future.

Keywords: Anemia, Hemoglobin, BMI, disability.

I-4

Prevalence of risk factors for non communicable diseases in adolescents of an educational institution in rural Karnataka

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Research Question: Are risk factors for Non Communicable Diseases (NCD's) prevalent among adolescents in rural Karnataka?

Aim & Objective: To assess the prevalence of risk factors for NCD's among adolescents of a high school in rural Karnataka. **Materials & Methods:** A cross-sectional study was conducted in August 2008 among 297 adolescents of a rural high school using a modified and pretested questionnaire based on Integrated Disease Surveillance Project questionnaire. Socio-demography and risk factors for non communicable diseases were elicited. Height, weight, waist & hip circumference and blood pressure were measured.

Results: Of the 297 students, 158(53.2%) were boys and 139(46.8%) were girls between 12-18 years. Inadequate consumption of fruits and vegetables was seen in 248(83.5%) and was significantly less among boys. Inappropriate dietary intake was seen in 166(55.9%). 207(69.7%) of the students were physically active as per International Physical Activity Questionnaire (IPAQ) scoring. A mean of 4 hrs per day was spent in sedentary activity. 7(2.4%) were at risk of overweight. 55(18.5%) students had a family history of hypertension. The prevalence of pre-hypertension, Stage I and Stage II hypertension was 20(6.7%), 16(5.4%) & 1(0.3%) respectively. Girls had a significantly higher prevalence of hypertension ($P=0.006$). **Conclusion:** Several risk factors, both modifiable and non modifiable are prevalent among these adolescents.

I-5

General psychological wellbeing of urban and rural Indian adolescents: A comparative study

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Aims and objectives: We have limited studies and data allowing us a bleak tunnel vision into

the world of adolescent mental health. A comparative study was initiated to have a better understanding of the determinants affecting adolescent psychological well-being.

Methodology: In Mysore, 319 adolescents 16-18 yr, were selected by stratified random sampling from urban and rural 11th and 12th grades. A structured questionnaire based on the General Psychological well being scale was used.

Results: No significant difference in the scores of urban and rural adolescents [$\chi^2=1.12$, $df=3$, $p>0.05$]. In grade 2, 64% reported difficulty in scholastic performance compared to 10% in grade 5. [$\chi^2=47.01$, $df=2$, $p<0.001$]. There was no significant gender difference in the psychological score. [$\chi^2=1.44$, $df=1$, $p>0.05$]. **Interpretation & conclusions:** Our study shows that there is no significant influence of urban and rural residence or gender on the psychological health of the adolescents. We conclude that the economic constraints on the adolescents were associated with lower psychological health. Also the support system contributed by both parents and family members is vital for optimum psychological health. **Keywords:** Psychological health, adolescents, urban and rural

I-6

Awareness and attitude towards organ donation

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Aims: To assess the awareness and attitude towards organ donation among the study subjects.

Objectives : (1) To assess the awareness and attitude towards organ donation. (2) To describe and compare the attitude towards organ donation. (3) To list the reasons for favourable and unfavourable attitude for organ donation.

Methods: The study was conducted over a period of 6 months from March 08 to August 08 in urban Bangalore. 810 individuals which included medical students, non medical (engineering) students, medical teaching staff, non medical teaching staff (58 school teachers, 32 engineering teaching staff), were questioned using purposive sampling about various aspects of organ donation and brain death using a pretested questionnaire.

Results: 96% of the study subjects were aware about organ donation. Majority (56%) were aware about eye donation. Television (68%) was the main source of information. 85% of the study subjects had heard the term brain death but only few were aware about its importance in organ donation. 5% of study subjects had already pledged their organs to be donated after death and 35% in remaining are willing to pledge their organs. 32% of subjects who did not want to donate their organs after death stated spiritual factors as the main reason.

Conclusion: Majority are aware about organ donation. However, very few are willing to donate their organs after death.

Mobile phone addiction among college students

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Aim: To describe the occurrence of mobile phone addiction among college students.

Objectives: (i) To describe the demographic profile of the study subjects. (ii) To assess the prevalence of Mobile addiction among the study subjects, (iii) To list the clinical & behavioral manifestations.

Materials & Methods: The exploratory study was conducted over a period of 6 months from March 08 to August 08 in urban Bangalore. 436 individuals who included medical, Engineering, Post graduate, Degree and PUC students were interviewed using a pretested self administered questionnaire by simple random sampling. A scale for addiction was developed with the support of staff from the Psychiatry department and used.

Results: 436 study subjects were included in the study. 27.06% felt irritated when they are neither able to make/ receive calls etc...28.66% people experienced headache .27.52% experienced ear pain. 64.22% of the study subjects have rinxiety. About 41.74% have lost their sleep due to cell phone usage. Out of 436 students, 11.96% are in the high risk group and 5.96% are addicted.

Conclusion: The occurrence of mobile addiction in the study population was 5.96%.

I-8

Nutritional assessment and bcc intervention of under nourished children aged 0-5 years in rural areas of Kurnool district

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Objectives: (1) To estimate the prevalence of under nutrition among 0-5 year old children. (2) To recognize the dietary habits of under nourished children. (3) To improve their nutritional status through respective interventions.

Methodology: A study sample of 300 children below 5 years will be selected from the catchment area of Parla, PHC. During the pre-interventional phase, first we will conduct nutritional assessment through clinical examination and anthropometric measurements like weight for age, height for weight, height for age and calculate BMI. Then we will administer the pre-tested semi structured questionnaire to all the mothers of 0-5 year aged children and elicit the information. During the interventional phase, basing upon the inferred data we propose to develop and appropriate and relevant BCC tools, to conduct small group discussions in mothers meetings, and involve the local health care providers like ASHAs, AWWs, VHGs and Health educators. Reinforcement sessions will be conducted once a week for 4 weeks. During post-interventional phase in the last week of December, we will administer the same questionnaire to women and repeat the clinical examination and anthropometric measurements for 300 children.

Results and conclusions: The data thus collected will be tabulated, analyzed and presented at the time of conference.

I-9

Performance evaluation of sensitization session: peer group assessment of student exchange/sharing among medical college students in AP

Madan Mohan Reddy Arugunta, and Usha Chadawalawada

Aim: To inculcate the active learning through inquiry driven perspective and inculcating research culture in medical undergraduates education.

Objectives: (1) To sensitize the medical undergraduates and Interns of Kurnool Medical College. (2) To assess their response to the "sensitization session" conducted by Siddhartha Medical College students.

Materials and Methods: The 7th semester students (92/150) and Interns (29/45) posted in Community Medicine department were the participants. Exchange students are 10 students from Siddhartha Medical College. They were asked to assemble in the Internship Training Room on the 2nd floor of Kurnool Medical College with good audio visual aids. They were asked to be accommodate non formally, be seated as per their choice and convenience; just to make it participant (student friendly). The session was at the last hour of the day ie from 3PM – 4PM. The mass – print media was also present at the meeting

Results: A four point rating scale was designed for evaluating this "Sensitization Session". The overall results showed the presenters' performance was excellent (29.7%), 41.3% felt it was very good and around 29% found it good. It was interesting to note that, none needed any improvement and suggested that the session extended for a longer period and wished to carry out similar sessions in other colleges at a later date.

Conclusion and Recommendation: The data collected from the session will be tabulated and analyzed and the more comprehensive results will be presented at the time of Conference.

I-10

Evaluation of mid-day meal scheme in 10 Government schools under Cowdalli and Yellemala panchayats of Kollegal taluk

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Background: A pressing problem for large number of children in India is hunger. In 2001, the Supreme Court of India passed a directive making it mandatory for all state governments to provide cooked meals to school children, resulting in 120 million children being covered by the mid-day meal scheme

Research Question: Are schools in select rural areas of Kollegal Taluk meeting standards of the mid-day meal scheme?

Materials and methods: Descriptive study done in October 2008 in 10 government schools in rural areas of Kollegal Taluk, Karnataka with the study group being children, teachers, parents and cooks.

Findings: 2 schools implemented $\leq 60\%$, 3 schools 61 - 70% and the remaining 4 schools implemented 71 - 80% of recommendations of the mid-day meal scheme. Only 4 schools provided the required calorie intake/child/day. In one of the schools parents preferred their

children to carry food from home because the cook was from the SC/ ST community. No school provided vitamin-A to children and teachers did not supervise consumption of Iron & Folic Acid tabs. None of the schools had kitchens according to guidelines. Practices related to washing of plates and hand washing were inadequate. There was no participation of parents and gram panchayat members in implementing the scheme.

Recommendations: Vitamin-A should be given to children and teachers should supervise the consumption of Iron & Folic acid tabs. Greater community participation and accountability is needed.

Undergraduates Presentation

UG-1

Assessment of coverage and compliance of MDA against filariasis in Udupi taluk, Karnataka

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Research Question: To study the coverage and compliance of annual Mass Drug Administration (MDA) of single dose of diethyl carbamazine for the elimination of lymphatic filariasis in Udupi Taluk.

Aim and Objectives: (1) To find out the coverage and compliance rates of MDA. (2) To determine the reasons for coverage and compliance, and non-coverage and non-compliance. (3) To examine drug related issues like side-effects.

Study design: Community based cross-sectional study. **Study period:** 1st September 2007 to 30th September 2007. **Materials and Methods:** Pre-designed questionnaire was administered to head of the household of representative houses selected by cluster-sampling method.

Results and Conclusion: Study included 260 families having a total of 1145 people representing both urban and rural areas. 92% of them were literates. 71.8% (821) people received DEC tablets. 94.4% (775) people received adequate dose. 703 (61.3%) people consumed tablets. 8 (1.1%) people had side effects. These observations clearly indicate that utility of effective health education and community participation was crucial for successful community-based elimination campaign.

UG-2

A Community based study on utilization of antenatal care services in rural Udupi district

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Research Question: To understand the pattern of utilization of Antenatal Care Services in Udupi District.

Aim and Objectives: To assess antenatal care services received by recently delivered mothers in terms of socio-demographic factors and patterns of utilization.

Study design: Community based cross-sectional study. **Study period:** 15st August 2008 to 30th September 2008. **Participants:** Recently delivered mothers in villages coming under a Rural Maternity Child Welfare Home of the Department.

Results: 64 recently delivered mothers were included in the study. All of them were literate and 57.7% were housewives. 53.03% mothers visited private health care facilities for antenatal care. 92.18% mothers had more than 3 antenatal checkups and 74.43% had more than 6 checkups. The weight and blood pressure were recorded for 95.45% mothers along with blood and urine tests in 98.5% .96.96% mothers received adequate dose of tetanus toxoid. All most all mothers received iron and folic acid tablets for more than 3 months.

Conclusion: According to our study utilization rates are high. However, there is a need to maintain this pattern of utilization and further increase the quality of antenatal services provided.

UG-3

Incidence and risk factors of febrile seizures

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Research question: Are febrile seizures (FS) common enough to be considered a public health problem?

Aims and objectives: To identify the incidence and risk factors of FS in children 6 mths to 5 yrs.

Materials and methods: Retrospective population based study using cluster sampling of 6mths to 5 yrs old children in selected villages and urban areas. Percentage and chi-square test were used in analysis.

Results: Of 300 subjects 26(9.67%) had FS, 26(8.67%) simple, 3(1%) complex; 16(10.5%) in males, 13(8.18%) females; 13(44.9%) seizures occurred from 6 months to 1 yr. Of these 24(82.76%) were of lower socio-economic status (LSES); 9(31.03%) had family history; and 3(10.34%) had history of prematurity. Family history of FS ($p < 0.001$) and LSES ($p < 0.05$) were associated; Prematurity and male sex ($p < 0.05$) were not associated with FS.

Conclusions: 1/10th of lower socio-economic children suffer from FS. Benign, extremely common and alarming problem mainly of LSES needs consideration as a public health problem. Previous studies associate FS with iron and zinc deficiency raises question of possibility of prevention.

UG-4

Influence of environmental factors and age on myopia

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Research Question: Do modifiable factors and rapid growth influence onset of myopia?

Aims and objectives: To study rapid growth and other factors influencing onset of myopia.

Materials and methods: Case-control study of 115 myopic and 100 non-myopic medical students. Mean (SD), Percentage, Z test and chi-square test were used in analysis.

Results: mean age of myopes was 19.49 (1.26) and non-myopes 19.75(1.27). The age at onset of myopia among males was 14.46 (2.97) and females 14.76(2.73). Factors associated with myopia-reading in inadequate light myopes-27 (23.7%) ($p=0.027$); not maintain proper eye book distance-myopes-26(22.8%)($p=0.003$); family history of myopia-myopes 59(51.8%) ($p=0.0001$).; and 76(66.1%) reported onset of myopia during growth spurt. Mean hrs of close work-myopes 6.37 (2.52); non-myopes 5.37 (1.85) was not greater in myopes ($p=0.232$).

Conclusion: Modifiable factors - reading in inadequate light with inadequate distance from book have been found to cause axial elongation of eye ball. Hence control of modifiable factors during adolescent growth period when 66% develop myopia may lead to a reduction in this refractory error.

UG-5

Study of risk factors of Coronary Heart Disease (CHD) among adults aged above 25 years in rural community in central Kerala

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Aim and objectives: (1) To study the prevalence of risk factors of CHD in Adat Panchayath. (2) To suggest appropriate intervention measures to the community.

Materials and methods: All households of Adat Panchayath were included in the study. Adult members above 25 years of age were interviewed and examined using a prestructured questionnaire regarding various risk factors of CHD.

Results: Sedentary Lifestyle, Smoking, Alcoholism, Obesity, Diabetes and Hypertension were found to be prevalent in the community.

Conclusion & recommendation: (i) A population with a high literacy rate having such prevalence of risk factors need in depth study to find out the reason for not adopting healthy lifestyle. (ii) Scope for Primary prevention.

UG-6

A study on the pattern of family planning methods adopted in an urban field practice area

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Aim and objectives: (1) To assess the extent of usage of family planning methods in an urban area. (2) To assess the couple protection rate in the urban area. (3) To motivate for better acceptance of family planning methods. **Materials and methods:** **Study area:** Punnkunnam, urban field practice area of AIMS. **Study population:** 51869 (8 divisions) involving 27301 females. **Study design:** Cross Sectional Observational Study. **Statistical method:** Proportions. **Study period:** 2007-2008. **Methodology:** Data collected from the urban field practice area attached to AIMS, Thrissur, Kerala. House to house complete enumeration

survey was conducted in the 10242 houses in 2007-2008. Interview was done using a pre tested questionnaire. The acceptors of various methods of family planning were enumerated. **Results:** Overwhelming majority of people prefer permanent methods (female sterilization - 59.36%). Acceptors of temporary method of family planning methods (1.02 %). Post Partum Sterilization is the most accepted method of contraception. The couple protection rate (60.38%) is above the national average.

Conclusion and recommendations: (1) Efforts are required to motivate male members for better participation in RCH programmes. (2) High CPR requires in depth study to find out the reasons for high acceptance of family planning methods in this community which can be utilized for National Family Welfare Programme.

UG-7

Identifying a hidden problem-Dementia- in elderly people living in old-age homes

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Objective: To identify dementia in geriatric people living in old-age homes and to study the risk factors of dementia in them.

Materials and Method: Setting: Eight old-age homes in Mysore City were selected at random. **Inclusion criteria:** The inmates of the old-age homes aged above 60 years staying in the old-age home for at least 2 months were included in the study. **Collection of data:** Mini Mental State Examination (MMSE) was done to screen the subjects (n=100) and those with score <23 are considered to have dementia (n=24). To these 24 subjects Blessed Dementia Rating Scale was used.

Results: Females (29.4%) showed more signs of dementia than males (12.5%) ($P < 0.05$). More people in the age group 71-80 years had dementia (20% of males, 46.2% of females) ($P < 0.001$). Females who had both hypertension and diabetes mellitus showed dementia in more number (50% being affected).

Conclusion: Among the 100 subjects studied 24 were found to have dementia, with higher incidence in females. Occurrence of dementia increased with age and it was higher in female subjects with both diabetes mellitus and hypertension.

Staff posters presentaion

SP-1

Menstrual hygiene awareness among adolescent girls in tribal area

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Research question: What is the present level of knowledge among the adolescent girls in tribal area about menstrual hygiene?

Aim and objectives: (1) To study the hygiene practices observed by the adolescent girls during menstruation. (2) To assess their awareness about pubertal changes. (3) To study myths and taboos associated with menstruation in these girls

Material and methods: Study design: Community based cross sectional study.

Study setting: Randomly selected sub centre, Waradh under the PHC Waradh from the tribal area of Yavatmal district. **Study subjects:** All 257 adolescent girls from tribal villages of sub centre Waradh. **Results:** Out of 257 adolescent girls, 39.29% belonged to early adolescent, 35.01% to middle adolescent and 25.70% to late adolescent period. 61.09 % girls attended the menarche at the time of study. Mean age at menarche was 14.02 years. Menstrual pattern was regular in 69.43% adolescents while irregular in 30.57 % cases. Hygienic practices during menstruation were followed by 39.49% girls while 60.51% girls followed unhygienic practices. 2/3 of the girls who had attended the menarche and 1/5 of the girls who did not attend the menarche had knowledge about various pubertal changes and menstruation. The most common source of information about it was mother followed by friends, elder sisters, and relative and health workers. Very few knew about it from television. Almost all girls were restricted from worshipping during menstruation. 57% girls were restricted from participating house hold activities like cooking food, serving food etc. 59 % girls used separate bed for sleeping, 36% followed untouched during menstruation. Only 07 % did not observe any restriction during menstruation. 69% girls knew about various contraceptive methods. None of these adolescents knew about emergency contraception. **Conclusion:** It is necessary to impart health education about good menstrual hygiene and clarify myths and taboos centred on this issue. This will help to improve their reproductive health.

SP -2

Study of some epidemiological factors associated with initiation of tobacco use among adolescents in field practice area of urban health centre, Nanded (MS)

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Aim & Objectives: To study some epidemiological factors associated with initiation of tobacco use among adolescents in slums of field practice area of Urban Health Centre, Nanded. **Material & Method:** Study design: Community based cross sectional study. **Sample size:** 25% sample of slums covered by Urban Health Centre. **Study population:** 718 adolescents. **Place of study:** Field practice area of Urban Health Centre. **Study duration:** June to September 2008. **Statistical analysis:** - Proportion, percentage and chi square test. **Results & conclusion:** There were total 782 adolescents, of these 64 adolescents were excluded due to non availability during survey, nonparticipation, etc. and thus a total 718 formed the study subjects. Total 60.86% were boys & 39.14% were girls. Maximum no. of (46.23%) adolescents was living with joint family. Around 22% adolescents were illiterate. Total 106 (14.76%) adolescents used tobacco in different forms. Addiction was more in boys 83(11.55%) as compared to girls. Statistically significant difference was found for addiction and literacy status. There was statistically significant difference ($\chi^2 = 21.61$, $p < 0.001$) found among tobacco consumption of family members and initiation of tobacco use by adolescents.

Operationalization of involvement of "PRIS" in RNTCP: a model for Kerala

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Back ground and rationale: The Kerala state has already achieved the target of RNTCP; 85% cure rate and 70% detection rate. Even then the case load of TB remains 2 per 1000. The existing "3delays" and emerging drug resistance problem in the state is reported to be due to operational issues. It was the only Indian state which has completely devolved the power to local self governments. Now the PHCs and its staffs are functioning under LSG. Those elected representatives of PRIS are leaders acceptable, accessible to community and accountable to health system. Hence they can serve as ambassadors /DOT providers outside the health system, so the programme uptake will be increased in the community. In this background as a part of operational research a pilot study was conducted.

Objectives: To study the perception of community leaders about TB control. Assess the current involvement of pris in RNTCP.

Methods: The study was conducted by "Society for Social Health Action and Research" by taking 10% PRI samples from each 14 districts by simple random method. The data collection was done by self administered structured questionnaire with 10 items, each having a score of 1 for correct response. **Result:** The mean score was 6.8 (95% CI 5.4 – 7.16) with no gender variability ($P=0.65$) and negative correlation (-0.23) with the age of responders. 95% had the correct knowledge about the route of spread, 83% know the method of diagnosis and 55% know the three main symptoms of TB. About 71% aware that TB medicines were available at PHC level and 59% aware that they are eligible to be a DOT provider. Only 53 % had correct knowledge about BCG.

Conclusion: All PRIS show readiness for involvement in RNTCP; before that capacity building is required.

SP-4

Educational status and school dropouts in adolescent girls in tribal area

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Research question: What is the level of educational status in adolescents in tribal area of Yavatmal District (Maharashtra)? **Aim and objectives:** (1) To study the educational status in adolescents in tribal area. (2) To find the reasons for school dropout in these adolescents. **Material and methods:** **Study design:** Community based cross sectional study. **Study setting:** All five villages under the randomly selected sub centre, Waradh. The sub centre Waradh is a tribal sub centre of Primary Health centre Waradh of Yavatmal District (Maharashtra). **Study subjects:** 502 adolescent boys and girls were included in the study. **Data collection:** Data was collected by house to house survey. All the adolescents- boys and girls aged 10-19 years were interviewed as per the proforma. Information was collected regarding their age, sex, schooling, socio economic status and reasons for school dropout.

Results: Out of 573 adolescents 502 were included in the study. 71 could not be studied due to their unavailability at home or their refusal to participate in the study. Out of 502 adolescents, 245 were males and 257 were females. 103 males and 101 females belonged to early adolescent, 80 males and 90 females to middle adolescent and 62 males and 66 females to late adolescent period. Out of 245 males 12 (4.9%) never attended the school and 151 (61.64%) were studying at the time of survey. 82 (33.46%) boys dropped out their school. Out of 257 adolescent girls 19 (7.4%) never attended the school while 149 (57.97%) were studying at the time of study. 89(34.63%) girls dropout the school. Overall school dropout in male and female adolescents was 34.06%. Amongst the school dropouts 21.64% left the school before completing 5 years of schooling, 51.46% left the school before 8 years of schooling, 22.23 % before completion of 10 years of schooling and 4.67 % before completion of 12 years of schooling. The various reasons for school dropout were- not willing to attend school (15.2%), involved in earning (41.25%), repeated failure 15.78%, Medical problems 1.78, parents not willing 22.80% and nobody to work in home 2.92%. There is a statistical significant association between school dropout/ never attended and low socio economic status and tribal population.

SP-5

Is existing system of public health care facilities really needs corrective measures for strengthening and upgrading of subcenters of Wardha district: "NRHM-IPHS perspective"

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Aim & Objectives: (1) To assess and observe availability, adequacy and utilization of Manpower and infrastructure of sub center (2) To formulate recommendation based on study.

Material & methods: A Cross sectional study conducted at 32 subcenters of Deoli Block of Wardha district. Data was collected by interviewing the concerned staff and observing the building, equipment, and other facilities with standard IPHS proforma published by Government.

Results: Availability of Mch care including FP services are 53.02% whereas other specific services are 69.9%. Manpower and resources availability was found to be 50-60%. Infrastructure and furniture was only 40-45%. Monitoring and supervisory activities were 61.9%.

Conclusion: Architectural correction in the basic health care delivery system by adopting a synergistic approach by relating health to determinants of sound health is a need of today. Balancing Infrastructure, pooling resources, intersectoral co-ordination, optimization of health manpower, decentralization of health programmes is necessary to fulfill the criteria of IPHS of subcenters in each Block.

SP-6

Misconception and myths in the management of animal bite cases

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Research question: What are common myths and misconceptions in the management of animal bite cases among patients attending antirabies clinic, GMC, Nanded.

Objectives: (i). To find out misconceptions among patients attending Antirabies clinic. (ii) To study distribution of bites in relation to different variables.

Study design: cross-sectional study. **Study population:** 2070 patients who attends the Antirabies clinic in a period of 6 months. **Statistical analysis:** Simple proportion & percentage.

Study variables: Age, Sex, Place, Literacy, Class of bite, Myths

Results: Out of 2070 patients, 70 % were males and 80% reported from rural area. Majority of the patients were in the age group 15-30 years and 65.21 % were literate. Majority 96.13% of cases were of dog bite. 97.58% patients presented with cat III bites. Common practices prevalent in the management of wounds were washing with soap & water (20%), with only water (34.78%), apply coin on wound (24.15%), treatment from quack (57.97%), and dettol & antiseptic (10.86%).

SP-7

Seasonal trend of Leptospirosis in five Govt. Medical College Hospitals, Kerala

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Research Question: Will the data on Leptospirosis from five Medical Colleges during the last five years reveal the age and genderwise incidence and seasonal trend of the disease?

Objectives: (1) To study the age groups and gender most commonly affected.

(2) To study the seasonal variation among the reported cases. (3) To see the trend of the disease over the years. (4) To assess the case fatality rates over the years.

Methodology: Case series. – Line list of cases diagnosed as Leptospirosis from the Five Government Medical Colleges over the last five years was taken and the descriptive statistics done.

Results and Discussion: The data was entered in MS Office Excel and analysis done using SPSS version 15. The results of the study showed that the most affected age group was 30 -40 years and regarding the gender males were affected more than females. Seasonality was observed in November all throughout the five years. In 2003, 2004 and 2005 two peaks were seen one in June and the other in August. In 2007 and 08 an increasing trend was observed.

SP-8

Epidemiological profile and outcome of burn cases admitted at tertiary level care centre

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Research question: - what is the epidemiological profile and outcome of burn cases admitted at tertiary level care centre?

Aim & Objectives: 1) To assess the profile of burn patients admitted at Government Medical College Hospital Nanded. 2) To assess the outcome of burn patients.

Material & Method: Study design: - Record based cross sectional study. **Study duration:** April 2007 to March 2008. **Study population:** 410 burn patients. **Place of study:** Medical

record section, Government Medical College Hospital Nanded. **Statistical analysis:** Proportion, percentage. **Study variables:** Age, sex, residence, percentage of burn, duration of hospital stay, outcome etc.

Results & conclusion: - There were total 410 cases admitted at during April 2007 to March 2008, of these highest incidence of burn was seen among 20 -29years(148 cases). Younger case was 9 months while the older case was 62 years. Highest incidence was seen in females (63.17%). Burn cases from rural area were higher as compared to urban area. In maximum number of cases (84.87%) source of burn was fire and flame. Mean hospital duration was 28 ± 16.3 days. Amongst all cases 38% cases died. Unsafe kitchen was the most dangerous place for women victims.

SP-9

Study of nutritional status of the adolescents in district Dehradun

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Research Question: What is the nutritional status of adolescents and factors affecting it?

Aim & Objective: To assess the nutritional status of adolescents.

Methodology: A cross-sectional study was conducted in Doiwala Block, District Dehradun (Uttarakhand). The study group comprised of 840 adolescents, selected by multistage stratified random sampling. Data was collected on a structured and pre-tested questionnaire by interviewing the adolescents and was subsequently analyzed by using epi info statistical package.

Results: 16.42 % and 20.0% of the adolescent males and females respectively were stunted. Stunting was maximum (39.7 %) in class-V (lower socio-economic class), in the birth order of 5 and above (30.1 %) and whose mother were just literate (51.5 %). About 15.2 and 25.5 % of the adolescent males and females respectively were underweight. Maximum underweight adolescents were in class-V (51.8 %), having birth order of V & above (39.7 percent) and whose mother was just literate (48.5 %). Mean BMI was highest in 18 years old adolescent boys (20.02 Kg/ m^2 , $\text{SD} \pm 3.95$). These results were found to be statistically significant.

Conclusions: SES, birth order and literacy status of mother has great impact on the nutritional status of the adolescents. **Key words:** Adolescent, body mass index (BMI), stunting, underweight.

SP-10

Prevalence of RTI/STI in adolescent girls of Agra city

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Research Question: What is the prevalence of RTIs/STIs among the adolescent girls of Agra City? **Aims & Objectives:** (i) To estimate the problems of RTI/STI among the unmarried adolescent girls (ii) To identify determinant associated with rtis/stis in adolescents girls.

Material & Methods: Community based cross sectional study carried out in urban and slum areas of Agra city among 300 unmarried adolescent girls of 10-19 year of age using multistage systematic random sampling technique in year 2004. Data was collected and

analysed using percentages and chi square test. **Results & Conclusion:** The prevalence of rtis/stis in unmarried adolescent girls was found to be 18.3%, the problem being more in slums. Most common problem identified was vaginal discharge in 71% girls, followed by itching over private parts in 40% girls and inguinal lymphadenopathy and bleeding p/v in 0.5%. A significantly higher proportion of rtis/stis was found in girls of late adolescent age group ($p < .05$). Problem was found to be more in lower socio economic status and illiterate/lower literacy status group.

SP-11

Prevalence of consanguineous marriages in rural area of Nagpur district

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Indira Gandhi Government Medical College, Nagpur (Maharashtra)

Research question: What is the prevalence and types of consanguineous marriages in

rural area of Nagpur district.

Aim and objectives: (1) To study the prevalence of consanguineous marriages in rural area of Nagpur district. (2) To study types of consanguineous marriages.

Material and methods: Study design: Community based cross sectional study. **Study setting:** Raipura village, a field practice area under RHTC Hingana. **Study subjects:** married couples residing in Raipura village, Nagpur district. **Data collection:** Data was collected by house to house survey. All houses were visited having at least one married couple. Information was collected regarding socio-demographic profile and consanguinity status.

Results: 700 married couples were included in the study. The mean age of husband was found to be $40.86(\pm 12.60)$ and mean age of wives was $35.09(\pm 12.17)$ yrs. Majority of study subjects i.e. 279(39.86%) husband and 305(43.57%) wives educated up to secondary level. Most of the study couple belongs to socioeconomic class IV. Mean age at marriage for husband was $23.90(\pm 4.22)$ yrs and for wives it was $18.12(\pm 3.46)$ yrs. The prevalence of consanguineous marriages was found to be 16.43%(115), of this most prevalent type was mother's brother's daughter type; which was 84(73.04%) of total consanguineous marriages.

SP-12

Cause of death registered in Belgaum City Corporation during the year 2005

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Objective: To know the cause of death among population of Belgaum an urban area.

Study period: The study was conducted during month of August 2006.

Material & Methods: (i) Review of records, death registers of health department of Belgaum Municipal Corporation (ii) Proportional mortality rates were calculated and comparison was made (iii) Data was analysed according to sex, and specific age groups and major cause groups of death according to ICD. **Sample size:** 4921 deaths registered in corporation.

Results: According to death register 68.99% deaths were reported from city corporation area and rest from different places. Of the total deaths 44.04% deaths have occurred in home and reported from kiths & relatives. The report revealed that birth asphyxia (19.19%), cardio-respiratory (18.95%) etc, were major cause of death among under - fives. Among school age children sickness/illness (21.66%), cardio-respiratory (16.66%) and accidents (15.83%) were the major causes of death. In adults it was registered that majority (27.59%) deaths as due to sickness/illness followed by cardio-respiratory (20.81%) problems and infections (12.96%). The most common (37.54%) cause of death among elderly was attributed to old age

SP-13

Public health informatics in context to India: potentials and constraints

Athavale A V

In India there is a huge inequality of health care services distribution between rural and urban areas. Access to medical services is inadequate to the rural masses where most of its population lives. In addition to the burden of diseases alarming situations like disasters such as famine, floods, earthquakes, epidemics of diseases are of common occurrence in India; without solid preparedness to tackle such situations. We are not having a regularly updated system to have the incidence and prevalence statistics for various diseases which affect majority of population in the country. In such a scenario, for a public health practice to be effective, it requires timely, accurate, and authoritative information from a wide variety of sources. Advances in information technology science and its application in health has made e-health services being adopted by healthcare provider organizations in India gradually. Within the ambit of e-health, public health informatics discipline explores the potential for prevention at all vulnerable points in the causal chains leading to disease, injury, or disability. The paper discusses about the Public health informatics as an evolving science, its potential and constraints of its implementation in India.

SP -14

What is adolescence?

Sanjeev Kamble
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1.Stage of life, which signifies transition from childhood to youth (i) Sever physical, psychological and emotional changes (ii) Attempt to break away from protected environment of family (iii) Marked influence of peers on lifestyle, attitudes, behavior (iv) Try to establish own social identity. 2. Feel parents too conservative and peers more liberal and peers ideas are accepted to stereotype family norms and which is called youth culture (a) Confused state of mind due to contradiction in messages outside and in family (b) Psycho sexual development and physical changes coupled with lack of proper channels of information and skills results in Risk behavior which would have long lashing physical emotional and Psychological effects. (c) Generally 10 to 19 years of Age is considered the period of Adolescence and 15-24 yrs for young people or youth. 3. Impact of Urbanization in Adolescents: The process of transition from a rural to a more urban society. The Level of urbanization is the percentage of the total

population living in towns and cities 40% our total population belongs to the youth of 25 years of age and 25% population comprises of Adolescents below 15 years, which is the main active unit in urban area for reform and action. Because urban medium causes impact on Adolescents in following are as (i) Economical, Social, Environmental and Demographic impact (ii) Worse pollution causes health hazards (iii) Due to improved social conditions and new social aspirations vulnerability towards STI/HIV in adolescents (iv) Due to increase in migration and poverty in urban area is effecting in anti social, criminal and substance user behavior in adolescents. 4. Strategies: Reaching out to adolescents will help to break the inter-generational cycle of (i) Early marriage (ii). Ill health (iii) High mortality/morbidity (iv) Low contraception prevalence "Influencing the health seeking behavior of adolescent for rapid improvement on all fronts in health, mortality, morbidity and population growth". To achieve the goal of reform several issues regarding sexual and health situation of adolescents are to be studied for both unmarried and married girls and boys (a) Lack of representative data on the sexual and reproductive health needs of adolescents (b) Prevalent socio cultural norms (c) Low utilization of services due to lack of awareness myths, misconceptions, absence of support from family and adult and service providers (d) Lack of privacy, confidentiality and judgmental attitude results in limited access of adolescents in services. 5 To address the above issues : To provide once a week adolescent clinics under public health system with following specification (i) Adolescent friendly procedures, supporting staff, and health facilities (ii) Appropriate effective and efficient services include sexual, reproductive health, contraception, STD, Pregnancy, abortion, post abortion care, hygiene, HIV testing Nutrition Education, IEC. (ii) Trained non-judgmental and unbiased staff (iii) Confidentiality and technical competence to be ensured (iv) Separate provision of room and counseling for boys and girls. (v) Timing suitable for adolescents (vi) Information in counseling on developmental changes and personal care (vii) Reading material to be available (viii) Facility for lab investigation and treatment with appropriate surgical and referral (ix) Proper and adequate publicity by all means to be a real adolescent friendly health service unit.

SP-15

Impact of behaviour change communication on smoking cessation in urban slum community of Nalgonda, AP

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Research Question: What will be the impact of comprehensive Behaviour Change Communication (BCC) intervention comprising a variety of educational techniques administered for duration of 6 months on the smoking behaviour of 80 habitual smokers (study group) in an urban slum community of Nalgonda, AP?

Aim & Objectives: To assess the impact of BCC in the study group in terms of (i) No. of smokers quitting the habit completely & (ii) No. Of smokers reducing the number of beedies smoked

Materials & Methods: **Study duration:** Jan. 15, 2008 to July 15, 2008. **Study design:** Non-randomized field trial - before & after comparison study. **Study setting:** Urban Slum locality of Nalgonda. **Participants:** 80 habitual smokers determined by pre-intervention survey. **Intervention:** Comprehensive BCC intervention comprising Inter-personal communication,

group discussion and other approaches administered to participants for duration of 6 months. Post-intervention survey performed to assess outcome.

Results: 26 smokers quit the habit completely (32.5% cessation rate) 22 smokers (27.5%) reduced number of beedies smoked by more than 50%. 8 smokers (0.08%) reduced number of beedi smokers by 10% 24 smokers (39%) demonstrated no change in smoking behaviour.

Conclusion: Results clearly suggest that comprehensive BCC intervention can have remarkable efficacy on smoking cessation in community.

SP-16

Five year review of some of the RCH activities at primary health center Hanegaon, District Nanded

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Research Question: To what an extent the given targets are achieved by health workers in rural areas under RCH programme?

Objective: To find out the percentage of various targets achieved by health workers in primary health centre in rural areas under RCH programme.

Methodology: The present study was carried out in primary health centre, Hanegaon in field practice area of RHTC, Degloor, GMC, Nanded. Data was collected retrospectively from records of the PHC from 1st April 2001 to 31st March 2006. Figures of actual work done for various activities under RCH programme were taken & percentage of targets achieved were calculated. **Results:** For the year 2002-2003 most of the RCH activity targets achieved were less as compared to other four years. On an average the targets achieved were between 80 to 90 %. The immunization target achievements were more than 100 %. The permanent sterilization was done by females only & not a single case of male sterilization was carried out in that PHC area.

Conclusion: The RCH targets achieved were to a satisfactory level but efforts are needed to strengthen IEC activities to increase male sterilization cases.

SP-17

Time management among adolescent: need of the hour

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Adolescence is the period of transition from childhood to adulthood. W.H.O. has defined adolescents as individuals aged between 10-19 years. It is the most fertile and most vulnerable segment. Time management is of paramount importance, especially for the overall growth and development of adolescence. The study was conducted on 400 students in the age group of 10-19 years showed that adolescents spend more of the time in personal cleanliness, playing games and watching television. They did not spend any time meditation or remembering God, moral teachings, caring for old persons, and family, patriotic and national values. There is an imperative need to have a strong need based action programme at the level

of - Family/Parents/Teachers in schools & community for guiding the adolescent regarding proper time management.

SP-18

Water Collection and Consumption behaviour in Rural Haryana

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Provision of safe water supply is one of the most effective tools to improve the health status of the communities. It has been estimated that the burden of sickness in the world would be reduced by nearly 80% if it were possible to supply safe water to people everywhere. As of 2005, 12% of India's population or 127 million people (92 million in villages & 35 million in towns) were without clean drinking water supply. Intensive national and international efforts are being made to have potable water for all by the year 2010. Latest assessment indicates that about 80% of rural population in India has access to safe drinking water & 36% has access to adequate sanitation facilities, out of which 9% is in rural area. About 70% of the population was using water from wells for drinking & cooking purposes and 8-19% from piped water supply and about 10-20% from hand pumps. The average distance traveled to fetch water from wells was about 1/2 -1 k.m., from piped water 300-400 m, & from hand pumps was 600-1400 m. It consumed 1 1/2 -2 hrs to fetch a bucket/pitcher of water from the source. Problems faced were like irregular supply (80%), less taps (80%), poor maintenance and fight at the source (90%), besides some personal factors.

SP-19

A study of knowledge attitude & practice (KAP) related to tuberculosis in an urban community of district Varanasi

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Research question: What is the level of Knowledge Attitude & Practices related to tuberculosis in an urban community?

Aims & objectives: (1) To know the gaps in the knowledge of respondents related to Tuberculosis/Dots (2) To identify the information needs & the preferred sources of respondents for receiving the messages related to TB.

Material & methods: The study was carried out in an urban community of Varanasi, a district of eastern Uttar Pradesh from July –Sep, 2008 with the help of pre structured & pretested questionnaire on KAP.

Results: The study highlighted that majority (85.8%) of respondents in the community were having knowledge about Tuberculosis & Dots. Forty percent of the total respondents were having misconception about mode of spread of the disease. Social stigma (63%) still exists as the major cause of delay in diagnosis & seeking treatment.

Conclusion: It was observed that myths about mode of spread of the disease and social stigma are still prevalent in urban community even after implementation of RNTCP for more

than 5 years .Therefore this study strongly recommends the gearing up of mass media campaign related to disease & its program.

Post-graduates posters presentation

PG-P1

Comparative study of natal care services utilization in urban, urban slums and rural areas of Agra district

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Research Question: - What is the practice of mothers regarding utilization of natal care services in Agra district?

Objectives: 1. To assess the natal services utilization by mothers. 2. To compare these services utilization among urban, urban slums and rural mothers. 3. To find out the related factors operating upon non-utilization of these services.

Study Design: Community-based cross-sectional study. **Setting:** rural, urban and urban slum areas of Agra district. **Study Participants:** 120 urban, 120 urban slum and 120 rural mothers, who delivered during last 6 months were selected from three urban mohallas, 3urban slums and 3 villages respectively and were interviewed using the pre-designed schedule.

Results: Institutional deliveries was seen in 95% mothers of urban while only 64.17% and 48.33% urban slum and rural mothers delivered at any government or private hospital. In institutional deliveries 73.34% in urban, 57.5% of urban slum and 21.67% rural areas delivery occurred at any private hospital. It was found that any complication during delivery was experienced in 7.5%, 17.5% and 14.16% in urban, urban slum and rural mothers respectively, while common type of delivery complication reported were non expulsion of placenta followed by prolonged labor, increased vaginal bleeding, trauma in the vaginal canal in urban mothers while in rural mothers more vaginal bleeding followed by non expulsion of placenta, trauma in the vaginal canal were reported. This high difference among urban, urban slum and rural mothers is due to non-availability and poor access to health services and this is due to low literacy level and low socio-economic status among the residents of rural areas. Other factors associated with it were strong cultural beliefs and traditional practices, ignorance, non-acceptability of services by elderly family members, high family size, self- neglect, perceiving the child-birth as a normal phenomenon, fear of undue surgical interference ,which were seen more among rural than urban residents. The increasing awareness and increasing socio-economic status of urban mothers tempted them to resort more towards private hospitals than government hospital.

PG-P2

Morbidities and healthcare seeking behaviour in women of urban slum in Nanded city (maharashtra)

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Aim and objectives: 1) To assess various morbidities among the women of Urban slum 2) To

assess their healthcare seeking behavior. **Material and method:** Place of study: Urban slum area under Urban Health Centre, Dept. Of PSM, GMC, Nanded. **Study design:** Cross sectional study. **Study population:** 173 women of Jaibhim Nagar. **Statistical analysis:** Proportion and percentage.

Results: Out of 173 women, 46.2% belonged to age group up to 20 years; 24.9% to 21-30 yr of age group; 19.1% to 31-40 yr age group and 9.8% are above 40 yrs. 21.4% were illiterate and 8.7% were educated up to primary; 17.3% up to middle school, 30.1% up to secondary, 14.4% up to higher Secondary and 8.1% were graduates. Among them, 52.6% were housewives, 33.5% were students, 13.9% were working women. 43.9% had BMI below 18.5, 48.6% were from 18.5 to 25; 7.5% had BMI above 25. One or the other morbidities were present in 51.4% women. Various morbidities like menstrual diseases were present in 20.5%, backache in 19.9%, joint pain in 15.4%, leucorrhea in 10.9%, UTI in 10.9%, hypertension in 3.9%, fever in 3.2%, skin diseases in 2.6%, diarrhea in 1.3%, cough in 1.3%, tuberculosis in 0.6%. When asked where they would seek healthcare if ill, 64.7% said they will take treatment; 67% of them would go to government doctors; 33% to private doctors. Out of 51.4% having one or the other morbidities 75.3% had taken treatment; 65.7% to government and 34.3% to private doctors. Various reasons for not going to government doctors- were lack of facilities (14%), no faith in govt. Doctors (45%), away from home (34%), no privacy (5%), doctor's behavior not good (2%). Reasons for seeking treatment from government doctors were- unable to afford private treatment (62%), faith in govt. Doctors (27%), not satisfied with private treatment (8%), and referred from private treatment (3%).

PG-P3

Preventing emergence of drug resistance and burden of expenditure on drugs: future challenge

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Aim and Objectives: (1) To study the antibiotic sensitivity and resistance pattern of isolates from various clinical samples in tertiary care hospital. (2) To access need for formulation of hospital antibiotic policy. **Material and Methods:** This is a retrospective study of laboratory records of bacteriology samples in the department of microbiology between Jan 2003 to Dec 2007. Culture positive samples were selected and bacterial isolates were studied for sensitivity pattern. **Results:** 8322 isolates were found out of 54578 samples and common organisms were E.coli (34.7%), klebsiella species (26.5%), staphylococcus aureus (20.33%), pseudomonas aeruginosa (8.85%). Highest resistance was seen against co-trimoxazole (94.6%), ampicillin (91.4%) & tetracycline (82.7%) whereas highest sensitivity was against third generation cephalosporins (94.3%), followed by amikacin (92.3%), second generation cephalosporins (86.4%). Staphylococcus aureus are 100% sensitive to vancomycin. Gram negative bacilli shows 97.6% sensitivity to carbapenams. **Conclusion:** Bacterial drug resistance is an important problem in developing countries and despite important progresses in treatment and prevention there is considerable increase in morbidity and mortality worsening life quality and hospital stay. Hence there is a need to formulate "Antibiotic Policy" which should be adopted by every hospital.

PG-P4

To assess the knowledge regarding HIV transmission and prevention among students of 9th and 10th class in private and public schools of Aligarh

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Research question: To assess the knowledge regarding HIV transmission and prevention among students of 9th and 10th class in private and public schools of Aligarh.

Aims and objectives: (i) Assessment of knowledge regarding HIV transmission and prevention. (ii) Compare the differences regarding HIV knowledge between boys and girls. (iii) Compare the differences between private and public school student regarding HIV transmission and prevention.

Material and methods: 648 students of 9th and 10th standard of four schools in Aligarh were interviewed on preformed and pretested proformas. Confidentiality was insured. Data will be analysed using relevant statistical tests.

Result and conclusion: All will be presented in the conference as data analysis is in progress.

PG-P5

Non cirrhotic portal fibrosis among children admitted in a tertiary care hospital of Kolkata: a search for possible etiologies

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Research Question: What are the possible etiological factors that can lead to Non-Cirrhotic

Portal Fibrosis (NCPF) in pediatric population?

Aims and Objectives: The study has been conducted to find out what proportion of portal hypertension in pediatric population is contributed by NCPF and what are the possible etiological factors that lead to NCPF.

Material & Methods: A series of Portal Hypertension cases attending the Pediatric Gastroenterology clinic, NRS Medical College & Hospital from August 2005 to July 2008 were studied. 134 Cases of Portal Hypertension were found. All of them were screened by Doppler ultrasonography & liver biopsy. 29 were diagnosed to have NCPF. Presence of possible etiological factors was studied in all the cases. Chi square test was done to find out the association between the factors and NCPF.

Results & Conclusion: NCPF constituted 21.64% of the total cases of portal hypertension. Significant association was found with residence in arsenic affected areas ($p < 0.001$). We did not find significant association with factors like low socio economic status, contributory past illness for NCPF, malarial infection in recent past (< 12 weeks) & lymphocytopenia.

Key words: Non Cirrhotic portal fibrosis (NCPF), portal hypertension (PHT), Arsenic, Liver Biopsy, Doppler ultrasonography, pediatric age group.

PG-P6

Awareness of smoking and its harmful effects in school going children

Mohd Shanawaz and Prakash Bhatia: Osmania Medical College, Hyderabad

Background: Tobacco use is one of the chief preventable causes of death in the world. WHO

attributes 4 million deaths a year to tobacco consumption, the figure is expected to rise to about 8.4 million by the year 2020. Most of the deaths are in the developing countries, with increasing trends among teenagers and adolescents. It is clear that children and adolescents are more vulnerable to smoking and its harmful effects.

Objectives: (i) To study the prevalence of awareness of smoking and its harmful effects. (ii) To know the attitude of children towards smoking. (iii) To create awareness among school going children about harmful effects of smoking. **Material and method:** A study was conducted among 200 school going children of 8th, 9th and 10th class students of Al-Ameen Model High School by using a pre-designed and pre tested questionnaire. **Results:** The overall response was good. 92% of children knew that smoking cause lung cancer. 78% of children knew that it can cause heart attacks, and only 36% of children knew that it can cause sexual impotency. And 90% of children know about passive smoking. 70% of children believe government is doing enough to stop smoking. **Conclusions:** The prevalence of smoking among youth is alarming and is harmful not only for them but also to the society. Many of our young future Indians are being diverted to use of tobacco and its products. Banning of smoking in public places and advertisements is not much enough, strict measures are to be taken to prevent the future generation. Mass media is to given much responsibility to create awareness and its harmful effects.

PG-P7

To study the attitudes of postgraduates towards euthanasia

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Objectives: Despite considerable public interest in legalizing euthanasia, little is known about doctors' attitudes toward these practices. We investigated postgraduates, working at tertiary hospital in Patiala, attitudes towards euthanasia.

Material & Methods: All the postgraduates working in the hospital were questioned individually to fill the questionnaire. **Results:** 72% of the respondents agreed with the statement that euthanasia is never ethically justified, and 28 % disagreed. 34% of the respondents thought euthanasia should be legal in some cases. 61% of the respondents would be unwilling to do so on moral grounds. 14% of the respondents have previously received requests for assisted suicide. 45% respondents were not sure what to prescribe for this purpose. The safeguard most favored was the requirement that the patient's family should be in accord with the decision. **Conclusions:** Postgraduates have a less favorable attitude toward euthanasia. Thus, there is a need for the medical community and the Ministry of Health to recognize and deal with this controversial topic.

PG-P8

A comparative study on awareness, beliefs, perception and practices about menstrual hygiene between rural and urban high school girls

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Research Question: How hygienic and aware are the high school girls about menstruation

and whether a difference exists between rural and urban area?

Objective: 1) To know the awareness and to elicit beliefs and practices about menstruation and its hygiene, 2) To identify the restrictions practiced, 3) To compare between rural and urban high school girls regarding the same

Materials and Methods: A cross-sectional study was undertaken in 117 rural and 132 urban government high school girls in Davangere district, during July-September 2008, using a pre designed, pre tested questionnaire. Data was collected and analyzed using SPSS version 15 and Chi square applied.

Results: Out of 117 rural and 132 urban high school girls who had attained menarche, only 42.7% in rural and 31.8% in urban were aware about menstruation prior to the onset of menarche. Mother was the main source of information in rural (64%) compared to urban (45.2%). Only 47% in rural and 27.3% in urban thought the menstruation process as normal. 52.1% from rural and 46.2% from urban said sanitary pad was the ideal absorbent. In practice, only 6.8% from rural and 29.6% from urban used sanitary pad ($p < 0.05$). 4% in rural and 6% in urban area did not take a daily bath and in 12% and 6.9% of rural and urban girls respectively, the frequency of cleaning external genitalia was low or absent. More girls in rural area significantly practiced different restrictions compared to urban ($p < 0.05$).

Conclusion: To conclude, a large number of girls in both rural and urban, were unaware of menstruation prior to the onset of menarche and the presence of unhygienic practices and various blind beliefs, highlights the importance of incorporating health education on the vital aspect of menstrual hygiene as a component of sex education for the adolescent girls.

PG-P9

A study of assessment of future academic career and service plan of house surgeons

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Research question: What are the future academic career and service plans of House Surgeons?

Objectives: To assess future academic career and service plan of house surgeons.

Study design: Cross Sectional Study, Setting: AIMS, BG Nagara, Mandya Dist: Karnataka State.

Materials and Methods: A Cross Sectional Study was conducted involving 178 house surgeons of medical colleges and data were collected using pre-tested questionnaire,

Statistical Analysis: Simple proportions and Percentages,

Results: Out of 178 house surgeons, 177 (99.44%) house surgeons had plan for future academic career and service. 158 (88.76%) had plan for PG course and 19(10.67%) had plan for General Practice. 80(44.94%) had plan for super specialization and 84(47.10%) had plan for teaching in Medical Colleges. Majority of house surgeons 161(91.45%) have expressed to work in urban area and only 17(9.55%) had plan to work in Govt. Health Centres of rural areas.

Conclusion: It is clear from this study that the house surgeons have already decided their future plans in their academics and career at the earliest than delaying which will really help them to pursue their needs for betterment of the community and improve their quality of life. The study also helps the administrators to build up the strategies for health care system.

PG-P10

Personal Hygiene among Professional Students

Javed M, MGU-MPH-Kottayam

Aims: To understand the personal hygiene among professional students and thus to maintain a high standard of health.

Objectives: (i) To study the personal hygiene among professional students with respect to sex.

(ii) To study the personal hygiene among professional students with respect to their family type.

Materials & methods: Population: Population includes both girls & boys who are studying in various paramedical courses at School of Medical Education of Mahatma Gandhi University Gandhinagar, Kottayam, Kerala. **Sample:** From the population, 100 students were selected for the study. In the present study simple random technique is used. **Tool:** The tool used is interview schedule (Questionnaires) prepared in English language. The first part includes personal data sheet seeks name, age, sex, family & course etc. Other parts includes oral hygiene, skin care, eye care, care of hands, care of ears, care of feet's & care of hands.

Results: The personal hygiene habit is more & good in female professional students in comparison of male professional students.

The personal hygiene habit is more & good in professional students who belong to Nuclear family as compare to extended family.

Conclusion: Personal hygiene, is seen to play a very important role in the over all health status. It helps in controlling the spread of communicable diseases & thus it can improve the health status of the community.

PG-P11

Adolescents' perception of the risks associated with secondhand smoke in Belgaum city, Karnataka: a cross sectional study

Sharath Chandra B and Angolkar Mubashir

Background: There have been far fewer studies on how adolescents perceive the risks associated with secondhand smoke. We tried to identify factors associated with adolescents

perceived risk estimates on secondhand smoke and their intentions about smoking in near future.

Research Question: To examine whether adolescents risk estimates when exposed to secondhand smoke differed by: (a) actual smoking experience (b) adolescents' intentions to smoke in the near future

Aim: To plan intervention methods to educate adolescents about secondhand smoke

Objectives: (1) To know adolescents perception towards secondhand smoke. (2) To know their smoking intentions in the near future

Material and Method: A school based cross sectional study is being done on two randomly picked English medium schools in Belgaum started in the month of October 2008. Students of 9th and 10th grade gave their verbal consents and voluntarily participated by answering the pretested self administered questionnaire after having their parents and school authorities assent.

Results: As per the protocol, results will be available by the last week of November 2008 and will be presented at the conference. **Conclusion:** Results are awaited

PG-P12

Violence among adolescents: changing scenario

Jaspreet Mahal, IHMR, Jaipur

Aim: To study causes of violent behaviour among adolescents.

Materials: Review of various articles on adolescent violence particularly studies among adolescents in US by healthcare research and Equity and Public health service. A study on risk behaviour related to interpersonal violence in south Delhi. It also includes Qualitative research such as focused group discussion among school children and middle aged professionals regarding reasons for violence in adolescents. The susceptible period in youth Curiosity and Confusion– Adolescence. The violence in adolescence is an outcome of desire for Independence from parents, To establish personal identity, Hormonal changes and attraction to opposite sex, Reduced interpersonal relations at home due to socio – economic changes in society, Easy access to drugs and weapons at home, Spread of hooliganism and Mafia even in smaller cities, Exposure to violence on screen / internet / at homes and indifferent attitude of peers and teachers at school. The main factors contributing towards violent behavior in adolescents are:-

Socio - Economic Changes. Political movement in Educational institutes. Media exposure Exploitation by antisocial & antinational groups.

Results: Adolescent violence is more of an accumulated effect of various factors like 'Poverty, Ineffective communication with parents and media ill effect.

Conclusion: The various risk factors have been present for long but the severity of their effect has increased since 21st century. This can be due to changing life style of people, societal disintegration and increased stress levels. The state of continuous competition has led the adolescents to the edge and non- fulfillment of dreams leads to violence against themselves and others. The recent cases and studies show that violence has definitely increased in 21st century. This can be tackled by routine counseling in schools and community participation by forming self- help groups among youngsters.

PG-P13

A study of knowledge, attitude, behaviour and practices for essential newborn care in Wardha

Pravin Pisudde

Objectives: To find out the knowledge, attitude, behaviour and practices (KABP) for the Essential Newborn Care in order to contribute to the improvement of the health of newborns in Wardha District.

Methodology: The study was conducted in 8 blocks of Wardha district. One Primary Health Centre was selected from each block. Two sub-centres from each of selected PHC were selected randomly. From each sub-centre, two villages were selected for the study purpose – one sub-centre village and the other village was selected randomly. By using pre-designed and pre-tested questionnaire, KABP regarding Essential Newborn Care was assessed among 10 mothers having child less than one year of age from each selected village. Similarly, 5 opinion leaders were interviewed from each village. The data was entered in Epi Info 6.04 and was analyzed.

Observations: Majority of mothers (65.8%) were in the age-group of 20-24 years. 4.4% mothers were illiterate and majority of them (60.7%) had education upto middle and secondary level. 85.6% were housewives. More than 82% deliveries were institutional deliveries and only 8% deliveries were attended by untrained person. DDK was used in 67.2% of home deliveries. Cleaning and wrapping the baby immediately after the birth was almost universal. But only 58.5% babies were initiated breastfeeding within one hour of birth. Skin to skin contact was given to 48.1% babies and 14% babies were given bath on the first day. The maximum number of female opinion leaders interviewed (41%) were women's of self help groups, followed by teachers (27%) and Gram-panchayat members. The literacy was 98 percent. The main occupation in which responding opinion leaders were engaged was agriculture related (43.6%), followed by service (32.2%). More than half of the opinion leaders reported that newborn baby should be breast fed within half an hour of birth. Nearly all of them (90.2%) accepted that the newborn should be given colostrums. However, only 18.3 percent accepted that baby should not be given water/honey etc. Only 13.2 percent knew that baby should not be given bath for seven days.

Conclusions & Recommendations: The knowledge as well as practices regarding Essential Newborn Care was very poor among the mothers as well as opinion leaders of the study area. Hence, there is a need for sustained long term program targeting behaviour change of the community so as to reduce neonatal mortality and achieve Millennium Development Goals.

PG -P14

A study on differentials in neonatal mortality among different groups of states in India

B Kalyan Chakravarthy, K Nagaraj, and Pawan Kumar
Department of Community Medicine, Kasturba Medical College, Manipal

Research Question: What are the various factors influencing neonatal mortality among different groups of states in India? **Aim:** To study the pattern of neonatal mortality in different groups of states in India.

Objectives: (1) To study the differentials in neonatal mortality among different groups of states in India. (2) To examine the factors that contributes to differential neonatal mortality in India.

Materials and methods: National Family Health Survey- 3 (NFHS -3) Data was used to elicit information on neonatal mortality & factors influencing neonatal mortality in different states in India. **Data analysis:** SPSS 11.5 version has been used & results are presented as percentages in categories. **Results and conclusions:** Awaited.

Interns posters presentation

I-P1

A study of silicosis in cement factory workers

Kranthi Kumar G T S, Hari Kancharla, Mahesh Pullagura, and Harish G
Kurnool Medical College, Kurnool, Andhra Pradesh

Objectives: (1) To create awareness about health hazards due to silica. (2) Ensuring compliance with personal protection equipment (3) Importance of periodic health checkups. **Design:** observational cohort study. **Settings:** cement nagar, panyam cements limited Panyam, Kurnool dist. **Materials & methods:** Performing a population based study in cement factory including 100 silica workers selected at random and 100 nonsilica workers working in same environment. Exposure silica workers will be interviewed with aid of pretest semi structured questionnaires.

I-P2

To study the effect of socio demographic determinants on the health status of HIV positive outreach workers in HIV/AIDS prevention programmes in Andhra Pradesh

Reema Preethi.D, Linclon Singh D, Sigi Swarna Latha D, M.L.Surya Prabha

Research question: Do socio demographic factors determine the health status of HIV positive outreach workers? **Aim & Objective:** To study the outcome of socio demographic factors on the health status of HIV positive outreach worker.

Materials & Methods: Interviews were conducted with 104 outreach workers in the field by a closed ended questionnaire. **Study variables:** Sex, age, marital status, education, socio-economic status by using B G Prasad's classification, CD4 counts. **Statistical analysis:** Data analysis was done with Epi Info Version 3.5.1.

Results: Of 104 outreach workers 90% are females and 10 % are males. 60% of them had education till 10th standard and 40% pursued higher education. 67% and 88% of outreach workers with education till 10th standard and education above 10th standard respectively regularly check their CD4 counts every 6 months. Of the outreach workers with CD4 counts less than 350, 16% belong to upper class, 41% belong to upper middle class, 33% belong to lower middle class and 8% belong to lower upper class.

Conclusion: Most of the outreach workers with CD4 counts less than 350 belong to middle class. Improvement of socio economic status of an outreach worker will improve their health status which will also result in better delivery of health services.

I-P3

A study of stress levels in BPO sector employees

S.Kaushik and Jagadish C G

Department of Community Medicine

Vydehi Institute of Medical Sciences and Research Center, Bangalore - 560 066

Aim: To assess the extent of stress levels in BPO employees in Bangalore

Objectives: (i) To assess the stress levels of employees working in BPO sector (ii) To find out the ways used to combat stress by employees at work place (iii) To find the relationship between stress and addiction behaviors

Materials and methods: A total of 400 individual from BPO companies were randomly selected to assess their stress level. The questionnaires were distributed to the employees of the company and data was collected. Statistical analysis was done using CHI SQUARE test and percentages.

Results and conclusion: The study showed that 35% of the employees experience stress during work as per David Fontana Stress Scale. The stress levels in males working in BPO's were statistically significant at $P < 0.05$ in comparison with the females. Out of 400, 54% of them were addicted to smoking, 25% to tea and coffee and 17% took a break as a means to combat stress at work place. The study indicates the level of stress in the BPO employees experience and the urgent need to include stress management by the companies to avoid absenteeism and the resultant lowering of performance potential which indirectly affects the work output and economic productivity.

I-P4

A study on morbidity pattern and geographical clustering of cases admitted in PES Hospital, Kuppam

Shantharam N, Sreenivasa Rao S, Vijay Anand RP, Kishore Kumar J, Srikanth S, and Mansoor Ahmed, PES Medical College, Kuppam

A retrospective analysis through records of in-patients of PES hospital between April 2007 and March 2008 was done to study the morbidity pattern of the patients and to study the presence of clustering of non communicable diseases in the catchment area of PES Hospital. The morbidity pattern was analyzed using ICD -10 classification. A total of 15,139 patients (males 51% & females 49%) were admitted during the above period. Among them, 1060 (7.09%) had diabetes mellitus, 1058 (7.07%) had hypertension. The median age group of diabetes among males was found to be in 55-65 years group while among females, it was found to be in 45-55 years group. Similar trend was seen in hypertension among both the sexes. The catchment area of PES hospital was divided into 35 mandals. The proportion of diabetes and hypertension cases in each catchment area was analyzed and the geographical clustering of cases was studied with respect to latitude of these areas. The clustering of the

diabetes & hypertension was found to be around 12° latitude. The clustering effect was observed in Vaniyambadi, Ambur, Gudiyatham, Thirupathur and Dharmapuri. An in-depth study is required to assess the impact of behavioral and ecological conditions of these places.

Undergraduates posters presentation

UG-P1

Benign prostatic hyperplasia: health seeking behavior in a tertiary care hospital

Deep A, Ingle G K and Kishore J
Maulana Azad Medical College, New Delhi

Research Question: What is the health seeking behavior of patients of Benign Prostatic Hyperplasia? **Objective:** To study the health seeking behavior of patients above the age of 50 years suffering from Benign Prostatic Hyperplasia. **Study Design:** Case series of patients. **Study Sample:** 81 patients. **Study Site:** Surgical Out Patient Department of Lok Nayak Hospital, New Delhi. **Tools:** Pre-tested and suitably modified questionnaire designed for assessing health seeking behavior. **Results:** Out of 81 patients, 27.2% were illiterates. 44.4% reported to the doctor within a month of noticing their problem. 57.6% of the literates were aware about the symptoms suggestive of enlarged prostate while 86.4% of the illiterates were unaware (p-value = 0.0004). First action taken by 74.6% of the literates was to consult a health care practitioner as compared to 36.4% illiterates (p-value = 0.0014). 81.4% of the literates and 31.8% of the illiterates approached a qualified practitioner initially (p-value = 0.00002). 76.3% of the literates and 56.3% of the illiterates approached the higher level of health care facility to which they were referred (p-value = 0.14). 62.7% of the literates and 9.1% of the illiterates had maximum faith in allopathy (p-value = 0.000017). 30.5% of the literates and 77.3% of the illiterates performed pooja or ritual for relief of their problem (p-value = 0.00015). **Conclusions:** Level of awareness about the symptoms suggestive of enlarged prostate was poor. Health seeking behavior of literates was better.

UG-P2

Strategies and policy for Mercury Pollution in the Hospital environment

Thejus T Jayakrishnan
All India Institute of Medical Sciences, New Delhi

Aims and Objectives: (i) To study the use and practice of mercury related instruments

among the subjects (ii) To study the mercury waste management and practices in the hospital (iii) To study the awareness and use of mercury free instruments in the hospital.

Material and method: Design: Cross sectional study was conducted at AIIMS hospital – Delhi during the year 2008. The subjects were nursing students who were selected by simple random method. The data collection was done by self administered pre tested structured questionnaire. Using the tool the information on awareness, use of mercury instruments and waste management was collected. Analysis was done by SPSS package

Results: Due to the unavailability of alternatives 65% always use mercury thermometer. 40% had experience of using digital thermometer. 60% were using BP apparatus of mercury Sphygmomanometer. Most have noticed breakage of thermometers and BP apparatuses. Most of the subjects were not aware of the methods and protocol for mercury waste management.

Conclusion: Due to the unavailability of alternatives, the hospital workers are still using mercury related equipments. The awareness about mercury waste management has to be raised.

UG-P3

Study on clinical profile of dengue cases in tertiary care hospital, Udupi district during year 2007

Indu Khare, Ashwini Kumar, Pawan kumar, Sanjay Pattanshetty, Sonia Krish, and Sreoshi Roy; Dept. of Community Medicine, Kasturba Medical College, Manipal

Research Question: To understand the clinical profile of dengue cases.

Aim and Objectives: To find out socio-demographic characteristics of the cases, clinical manifestations, complications and outcome of the treatment.

Study Design: Record based descriptive study. **Study period:** 1st September 2007 to 30th September. **Study population:** All laboratory diagnosed dengue cases admitted in Kasurba hospital Manipal in the year 2007 included in the study. Cases files of dengue cases were reviewed from medical record section and required data was collected and analyzed using SPSS 13.5. **Results and conclusions:** Total 219 Dengue cases, 132 cases(60.20%) were Males and 87 cases(39.70%) were Females. Majority of the cases occurred in the month of September. Large number of cases from Davangere district. (39.48%). Maximum number of cases occurred between 15-44 yr age group(45.66%) and 4.10% Of cases were less than 5 years. 98.6% presented with fever, 51.9% presented with fever and chills and 26.9% with pain abdomen. 95.89% Dengue Fever, 2.28% DHF, 1.82% DSS. 37 had complications among them 32.43% ARDS, 21.62% pleural effusion, 19.81% multi organ failure, 8.10% encephalopathy, 8.10% myocarditis, 5.40% pneumonia, 5.40% hepatitis, 2.70% pancreatic, 2.70% encephalopathy and ARDS, 2.70% renal failure. Recovery was seen in 99% cases, Death was reported in 2 cases (1%). **Conclusion:** Major activities under Dengue control programme like disease surveillance, emergency response, clinical diagnosis and management, vector surveillance, vector control need to be strengthened.

UG-P4

The Profile of Tuberculosis Patients Treated under DOTS Strategy in Udupi Taluk, Karnataka

Medhavi Honhar, Ashwini Kumar, Afrin Sagir, Ramachandra Bairy, and Pawan Kumar
Dept. of Community Medicine, Kasturba Medical College, Manipal

Research Question: To study the profile of tuberculosis patients treated under DOTS strategy in Udupi taluk, Karnataka.

Aim and Objectives: To find out the socio-demographic characteristics of patients, category of treatment received and outcome of treatment

Study design: Record based Descriptive study. **Study period:** 1/09/2008 to 30/09/2008. **Study Subjects:** 563 patients were treated under DOTS strategy in Udupi taluk, during the year 2006, after taking permission from the District Tuberculosis Officer,

Tuberculosis registers of all the patients were procured and relevant required data was entered into SPSS 13.5 version and analyzed.

Results: A total of 563 patients were treated under the DOTS strategy. Of these, 420 cases (74.6%) were found to be new sputum smear positive for AFB. The incidence of TB cases was maximum among the productive age group 15-44 years (53.82%). Majority of the patients were males (68.03%). 54.45% of the cases were put on category I, 23.67% on category II and 20.64% on category III treatment. At the end of treatment, 236 (41.9%) cases were declared cured, 183 (32.5%) cases declared treatment-completed, 53 (9.4%) cases were transferred out, 41 (7.3%) cases died, 26 (4.6%) cases were defaulters and 24 (4.3%) cases were declared failure.

Conclusion: Public and private sectors should work as a team to implement the programmes more effectively in India

UG-P5

Profile of HIV/TB cases in Udupi district, Karnataka

Rahul Chopra, Ashwini Kumar, Nitin Goyal, and Khyati Wadhwa
Dept. of Community Medicine, Kasturba Medical College, Manipal

Background: HIV infected individuals carry a significantly high risk of acquiring TB. HIV positives also show a higher incidence of progression to active TB making it a leading cause of death in AIDS patients.

Aims and Objectives: (1) To study the socio-demographic characteristics of the HIV positives (2) To study HIV/TB co-morbid cases. (3) To study HIV positive cases among ante-natal mothers. **Study Design:** Retrospective Descriptive Study. **Study Period:** 1st sept to 30th sept, 2008. **Study Population:** 642 individuals found HIV positive out of 8397 patients who were screened during 1st January, 2008 to 30th June, 2008. **Data Collection:** Data was collected from the District HIV Program Officer's office and analyzed for rates and ratios.

Results and conclusion: Out of 8397 patients screened for HIV, 642 were found to be HIV positive, 441 (68.69%) males and 201 (31.31%) females. The most common age group was 35-49 yrs which included 310 (48.29%) positive cases. Of the 3169 women screened at the ante-natal clinics 21 (0.66%) were found to be HIV positive. 304 individuals suspected to have TB were referred to RNTCP, among these 83 (27.30%) were found to have TB and 84 (27.63%) were found to be HIV positive. 19 (22.89%) TB patients were found to be HIV positive also. 12 (63.16%) among these HIV/TB cases were undertaking dots.

UG-P6

Clinical profile of typhoid cases admitted in a tertiary care hospital in Udupi district, Karnataka

Charmaine Samarasinghe, Vinay Pandit, Balasubramanium, and Shirish Shetty
Kasturba Medical College, Manipal

Research Question: To understand the clinical profile of typhoid cases.

Aim and Objectives: To find out socio-demographic characteristics of the cases, clinical manifestations, complications, antibiotic sensitivity and the outcome of treatment.

Study design: Record based descriptive study. **Study period:** 1st September 2008 to 30th September 2008. **Study Subjects:** All the laboratory diagnosed typhoid cases, admitted in Kasturba hospital, Manipal in the year 2007. Case files of typhoid cases were reviewed from medical records section and required data was collected and analyzed using SPSS 13.5 version.

Results and Conclusion: Study included 98 cases of which majority were males 69 (70.4%) of which 51(52%) were in the age group of 15 – 30. All of them presented with fever of varied duration while vomiting was present in 16 (28.6%) cases; diarrhoea in 7(12.5%) and the combination of vomiting, pain abdomen, anorexia in 7(12.5%) cases. On clinical examination 41(41.8%) cases were found to have splenomegaly, 34 (34.7%) cases with hepatomegaly & 19(19.4%) cases had both hepatomegaly & splenomegaly. 72(73.5%) were Widal positive and 39(39.8%) were culture positive. Among the culture positive, all were sensitive to Aminoglycosides and Cephalosporins 39(100 %), while sensitivity to Quinolones were 37(94.8%), Chloramphenicol and Sulpha drugs 35 (89.7%). All of them recovered at the time of discharge.

Speakers from United Kingdom

Abstracts

Tackling the obesity epidemic in Walsall

Sam Ramaiah

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Background: The obesity epidemic is real and happening now. There has been a 50% rise in obesity levels in the last 12 years in the United Kingdom. This Public Health problem is not just confined to developed countries but is a problem of even middle and low income countries as well. It is estimated that obesity would contribute to about 5 years of reduction in life expectancy by 2050. In this presentation the problem of obesity, its management in a health district within United Kingdom is described and interventions that could be translated to Indian context are identified.

Obesity- rise of the epidemic: Walsall is one of the districts in the region of West Midlands in United Kingdom. It has a population of over quarter of a million. A significant proportion of these (13%) are from people of South Asian origin. An estimated 19%-33% adults and 17%-31% of children are obese.

Tackling obesity in Walsall- complex links: There is no one magic solution to tackle this problem and we have rightly adopted a multi-pronged approach. An '*action for prevention*' involving life style advice, provision of facilities for exercise, primary and secondary medical care along with '*understanding the epidemiology*' by undertaking specialised community surveys and monitoring the trend as well as effectiveness of interventions has been adopted. Special innovative programmes such as '*fun 4 life*', development of '*adult lifestyle pathway*' and promoting the concept of '*health trainers*' have been found to be successful. Underpinning all this is the '*political will*' and '*resource allocation*' that has made a significant contribution. What does this all mean to India - Interventions that could be translated Understanding the epidemiology of obesity is crucial in order to '*nip it in the bud*'.

Investments to collect robust data are essential. Simple measures such as collecting weight, height, BMI and other indices will be a good starting point. Targeting children early in their school years by encouraging them to adopt life style changes is an effective measure. Empowering grass root level community workers with skills to provide advice on life style factors as well as identifying 'at risk' individuals and managing them appropriately in well-defined care pathways are interventions that could be easily translated.

Conclusion: Obesity is a challenge for every public health professional across the globe. We need to act now and join forces by sharing good practice in order for us to win this war in the foreseeable future.

Organisation and Delivery of Health Care at the district level in the United Kingdom

Paul W Jennings
Walsall, UK

This presentation will outline the public health challenges faced by the National Health Service (the NHS) in the town of Walsall in the West Midlands. It will describe how the health system is designed and what governance mechanisms are used to ensure the best use of resources. It will outline the targets and challenges faced by the Health System and how it uses its relationship with other public sector bodies, especially the Local Metropolitan Borough Council to deliver improvement on the public health challenges. It will describe the recent developments for the body responsible for Commissioning health care, NHS Walsall (Walsall Primary Care Trust) and in particular how the organisation is seeking to embrace public engagement and consultation with citizens, staff, patients and carers to support its decision making processes. The NHS has had a very significant growth in resources over the last decade, moving from consuming 6% to 8% of Gross Domestic Product. The current and prospective economic climate means that the health service will have to take an approach much more based on improving productivity and will face significant difficult choices around resource allocation. The presentation will suggest commissioning approaches which will support this. Finally the presentation will outline some potential opportunities for exploring joint working between the UK and India.

The Specialist Children's hospital in the wider public health agenda

Joanna L Davis
Walsall, UK

The presentation will outline the tiered approach to the provision of paediatric care in the UK and in particular the role of the Specialist Children's hospitals of which there are only four in England. The presentation will sketch out some of the history of the Birmingham Children's Hospital and the scope and range of services it provides; including local, regional, national and international specialities. The Birmingham Children's Hospital recognises that it has an important role to play in the provision of local paediatric care and in particular that it must respond energetically and responsibility to the changing demography of the City of Birmingham which is now one of the most culturally and ethnically diverse in England.

Although rooted in the provision of care services The Birmingham Children's Hospital recognises that it has a significant responsibility to respond to the needs of its local City and also to participate in the rapidly growing interest in the UK in public health interventions that maintain the health of the population as well as deal with illness. The presentation will describe some of our work in consulting patients, that is children, about their needs and services as well as some of the service models we are contributing to in areas of health such as obesity.

Developing performance indicators for primary care: Walsall's experience

Narinder Sahota, Anandagiri Shankar, Andrew Hood, Barbara Watt and Sam Ramaiah
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Background: In the United Kingdom, there has been increasing interest in the development of performance indicators in primary care, especially since the introduction of the Quality and Outcomes Framework (QOF) in 2004. Public Health departments within Primary Care Trusts collect a range of data from routine or non-routine sources that may be useful for this purpose.

Aim: To assess whether performance against the QOF is a robust measure of practice performance when compared with health-inequality indicators and to contribute to the development of a tool to monitor and improve primary care services.

Methods: A retrospective cross-sectional study, involving 63 General practices in Walsall was undertaken. Correlation analysis and scatter plots were used to identify possible significant relationships between QOF scores and health-inequality data. We also used confidence limit theory and control chart as tools to identify possible performance outliers.

Results: There was little correlation between overall QOF score and deprivation score. Both uptake of flu immunisation ($r^2 = 0.22$) and cervical screening ($r^2 = 0.11$) showed a slight increase with increased QOF score. Benzodiazepine ($r^2 = 0.06$) and antibiotic prescribing levels ($r^2 = 0.02$) decreased slightly with increased QOF scores, although not significantly. There was correlation between increase in practice-population deprivation score and a reduction in cervical screening uptake ($r^2 = 0.27$) and an increase in benzodiazepine prescribing ($r^2 = 0.25$). The relationships between the patient to General Practitioner (GP) ratio and flu immunisation uptake ($r^2 = 0.1$) and antibiotic prescribing ($r^2 = 0.1$) were found to be statistically significant. The majority of GPs found it acceptable to use performance indicator data as part of their annual appraisal.

Conclusion: Both the QOF and health-inequality data can be used together to measure practice performance and to develop tools to help identify areas for performance development and the sharing of best practice.



Association for Prevention & Control of Rabies in India (APCRI)

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Association for Prevention & Control of Rabies in India (APCRI) was founded on 17th April, 1998 & is registered as a scientific society under the Karnataka Societies Act S-No 439, 2000-01. It is an association of professional, scientists & others who are committed to the elimination of rabies from India. **Goal:** Rabies Free India by 2020.

Activities till date

1. **Annual Conferences on 6th July (World Zoonosis Day):**

Kolkata (1999), Bangalore (2000), Amritsar (2001), Jaipur (2002), Bhubaneswar (2003), Kolkata (2004), Shimla (2005), Jammu (2006), Hyderabad (2007), Lucknow (2008) & Thiruvananthapuram due in 2009.

2. **Workshop, Seminars & Training Programmes:**

- National workshop for APCRI trainers in modern WHO approved rabies prophylaxis at NIMHANS, Bangalore (2001).
- National seminar on "Intradermal Rabies Vaccination", KIMS, Bangalore (2003).
- National workshop on "Developing guidelines for Rabies Prophylaxis" at Hyderabad (2006).
- National workshop on "Rabies Prophylaxis" at Alleppey, Kerala (2006).
- National workshop on "Rabies Immunoglobulin (RIG) Administration" at KIMS, Bangalore (2008).

3. **Publications:** APCRI Journal & APCRI News Letter (Biannual).

4. **WHO sponsored "National multicentric Indian rabies survey" (2004).**

5. **Award:** APCRI was honoured with "Chiron vaccines award 2000" for its contribution to prevention & control of Rabies in India.

6. APCRI in association with Indian Academy of Paediatrics (IAP) and Rabies in Asia (RIA) Foundation, formulated the **IAP Guidelines for Rabies Prophylaxis in Children** (2008)

7. **Slides on "Rabies Prophylaxis – Current concepts & Recommendations"** prepared by an expert consultation (2001), Revised in 2006 & now available on www.apcri.org

8. Observed "**World Rabies Day**" in 8th September, 2007 & 28th September 2008 all over the country.

9. WHO-APCRI survey on '**Post Exposure Prophylaxis modalities in India** (2007).

10. APCRI is regularly organizing Zonal/ Regional conferences & CME programmes.

11. APCRI played a major role in implementation of **Intradermal Rabies Vaccination (IDRV)** in the country.

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Dr. R. JayaKumar & Dr. Sumit Poddar
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**APCRI wishes the 53rd National Conference of IPHA to be held at
KIMS Bangalore in January, 2009 all success**

With best compliments from



Rabies In Asia (RIA) Foundation

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Rabies in Asia (RIA) Foundation is registered under Indian trusts act in April 2006. Its aim is to work for the elimination of rabies from the countries of Asia and support for its eradication from the world. The 1st meeting of RIA, RIACON 2007 was held in March, 2007 at NIMHANS, Bangalore and the next meeting is due in Karachi*, Pakistan in March 2009. [* To be rescheduled]

The following are the current chairpersons of the country chapters.

India	:	Dr. S N Madhusudana , Bangalore
Pakistan	:	Dr. Naseem Salahuddin , Karachi
China	:	Dr. Yang Zhen Zhang , Beijing
Sri Lanka	:	Dr. PAL Harischandra , Colombo
Thailand	:	Dr. Prat Boonyawongviroj , Bangkok
Bangladesh	:	Dr. Zia Ahmed , Dhaka
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National Rural Health Mission - Arogyakeralam

NRHM implementation in the state of Kerala has gained significant momentum during the last couple of years and we are now in a position to show case many of the visible changes in the field owing to earnest efforts made in implementing innovative schemes and activities which NRHM envisages.

Like many other states, NRHM Kerala too are forging ahead in many fronts

ASHA (Accredited Social Health Activist)



For every population in the state Around 20,000 ASHA volunteers have been selected so far of which 10,000 have been deployed in the state First Phase of training has been completed for the selected ASHA volunteers.

Debit Card Scheme for Asha Volunteers



To ward off delay in making payments to ASHA volunteers, Thiruvananthapuram district designed and implemented a novel scheme for paying incentives to ASHA Volunteers through a debit card system.

Pain and Palliative Care



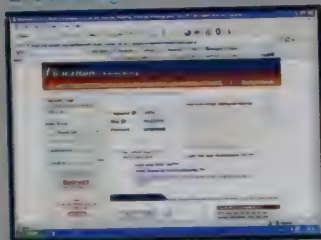
NRHM, Kerala has initiated the project aimed at the development of community based care services for the bed ridden, elderly, chronically and incurably ill people in the state. This is also the only palliative care project in NRHM in any state in India.

Upgradation of hospitals



The up gradation of health care institutions to Indian Public Health Standards (IPHS) is being carried out by the Engineering wing in record time. In all construction activities priority is given to renovate/modify existing usable buildings, and demolition is adhered to only in unavoidable circumstances.

E-banking



Kerala was the first state to understand that the conventional way of transacting money was no longer feasible. Innovation was needed and on an experimental basis a pilot programme was launched in Kerala. This is the first time to happen anywhere in the country in the health sector. The state is now completely online in transacting funds under NRHM at both the state headquarters as well as in the 14 districts.

Health Management Information System



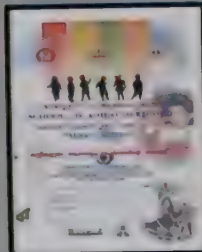
Health Management Information System (HMIS) is implemented to record child and maternal activities, immunization, communicable diseases and record its movement.

NABH (National accreditation Board for Hospitals and Healthcare Providers)



Government of Kerala has decided to accredit government medical laboratories with Quality Council of India. Government has included one hospital from one district for accreditation with NABH. Quality council of India had already arranged to make a preliminary assessment on system study.

School Health Programme



NRHM under Health Department has joined hands with education department in chalking out a School health Programme aiming at the comprehensive growth and well being of students for a better, well informed and healthy generation.

State Disease Control and Monitoring Cell (SDCMC)



NRHM Kerala has formed the State Disease Control and Monitoring Cell (SDCMC) to coordinate various interventions in disease control and management. SDCMC is also supporting various projects being implemented to strengthen disease control activities across the state. It has been working on possible options to prevent Chikungunya and other vector borne diseases.

IEC Activities

Bodhana Nauka



Information Boat for conveying health messages

Arogyamelas

To sensitize the public on available health services and creating a demand on such health services.

Radio Health

FM production under NRHM Kerala. Radio Health Clubs introduced in Schools, Colleges Cultural groups

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- Just 2 doses of Imovax Polio ensures detectable anti-bodies in 100% individuals²
- Offers complete individual protection
- No risk of VAPP & VDPV

Recommendations

- For children who have not received any polio vaccination so far : 3 doses of Imovax Polio along with OPV at 6, 10 & 14 weeks with a booster at 15-18 months³
- For children less than 5 years who have completed primary series of OPV : 2 doses of Imovax polio at 2 month interval & a third dose at 6 months after first dose.³
- Immunodeficient children: Only Imovax polio at 6, 10 & 14 weeks then first booster at 15-18 months & second booster at 5 years³

Evidence is compelling...

It's time to adopt a more reliable protection schedule against polio

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IMOVAX POLIO
Inactivated Poliomyelitis Vaccine

Reference: 1. Data on file. 2. Ind pediatrics 2001 May; Vol.44:390-92. 3. Consensus recommendations on immunizations 2008, IAPCOI, Indian Pediatrics 2008 Aug, vol.45 : 635-648

PRESCRIBING INFORMATION

IMOVAX POLIO (Inactivated Poliomyelitis Vaccine) 1 Name of the medicinal product: **IMOVAX POLIO**, suspension for injection, Inactivated Poliomyelitis Vaccine. 2 Qualitative and quantitative composition: One dose (0.5 ml) contains Inactivated type 1 poliovirus (Mahoney) antigen D⁺ 40 units¹; Inactivated type 2 Poliovirus (MEF-4) antigen D⁺ 8 units¹; Inactivated type 3 Poliovirus (Virus Sakabin) antigen D⁺ 32 units¹. 3 This vaccine complies with the specifications of the European Pharmacopoeia and with WHO recommendations (TRS 673, 1992). 4 Quantity of antigen-organisms determined using a suitable immunochimical method. See section 6.1 for recipients. 3 Pharmaceutical form: Suspension for injection. 4 Clinical particulars. 4.1 Therapeutic indications: **IMOVAX POLIO** is indicated for the prevention of polio in infants, children and adults both as a primary vaccination and as a booster. 4.2 Posology and method of administration: **Posology**: Primary vaccination: From the age of 2 months, 3 successive doses of 0.5 ml should be given at intervals of one to two months. A 4th dose (1st booster) is administered one year after the 3rd injection. From six weeks of age Imovax Polio may be administered following the 6, 10, 14 weeks schedule according to EPI approved Programme on

immunization recommendations. For subsequent boosters, an injection is given every 5 years in children and adolescents and every 10 years in adults. **Administration**: **IMOVAX POLIO** is administered preferably by the intramuscular route, or the subcutaneous route. 4.3 Contraindications: Hypersensitivity to one of the active ingredients, to one of the excipients, to neomycin to streptomycin and to polymyxin B or following a previous injection of this vaccine. Usual transient contraindications to all vaccinations: vaccination should be delayed in the case of fever, acute disease or progressive chronic disease. 4.4 Special warnings and special precautions for use: Do not inject by the intravascular route: make sure that the needle does not penetrate a blood vessel. As with all injectable vaccines that may induce an immediate anaphylactic reaction, suitable medical treatment should be available. The immune response to the vaccine may be reduced in patients receiving immunosuppressive therapy or suffering from immune deficiency disorders. In the case of a recommended to delay vaccination until the end of treatment or to ensure the subject is well protected. Nevertheless, vaccination of subjects with chronic immunodeficiency such as HIV infection is recommended. 4 the immune deficiency allows induction of an antibody response even limited. 4.5 Interactions with other

medicinal products and other forms of interaction: **IMOVAX POLIO** may be administered during the same vaccination session as other usual vaccine associations. 4.6 Pregnancy and lactation: In view of the clinical data, this vaccine may be prescribed at any time during pregnancy if required. This vaccine may be used during lactation. 4.7 Effects on ability to drive and use machines: Not applicable. 4.8 Undesirable effects: Adverse effects are rare. Local reactions at the injection site: pain, erythema, induration and oedema may occur during the 48 hours following the injection and persist for one or two days. The incidence and severity of local reactions may be affected by the site, route and method of injection and by the number of previous injections. Systemic reaction: moderate levels. 4.9 Overdose: Not documented. 5 PHARMACOLOGICAL PROPERTIES: VACCINE AGAINST POLIOMYELITIS. (i) Anti-infective. ATC Group: J05.1. Pharmacodynamic properties: The vaccine is prepared from poliovirus types 1, 2 and 3 cultured on Vero cells and purified and inactivated by formaldehyde. Immunity is rapidly induced after the 2nd injection and is reinforced by the 3rd injection. It persists for at least 5 years after the 4th injection (1st booster). 5.1 Pharmacokinetic properties: Not applicable. 5.2 Preclinical safety data: Not applicable. 6 PHARMACEUTICAL PARTICULARS: 6.1 List of excipients:

2 Phenylethanol formaldehyde. 199 medium containing amino acids, mineral salts, and vitamins, water for injection hydrochloric acid or sodium hydroxide to adjust the pH. 6.2 Incompatibilities: As no compatibility studies have been performed this vaccine must not be mixed with other medicinal products. 6.3 Shelf life: 3 years. 6.4 Special precautions for storage: Store between +2°C and +8°C (in the refrigerator) protected from light. Do not freeze. The immediate use of the product is recommended after opening. 6.5 Nature and contents of container: 0.5 ml of suspension for injection in a pre-filled syringe (type I glass) with a plunger stopper (elastomer). Box of 1 or 20 doses of 0.5 ml of suspension for injection in a vial (type I glass) with a stopper (elastomer). Box of 1, 20 doses of 0.5 ml of suspension for injection in a vial (type I glass) with a stopper (elastomer). Box of 1, 50 doses of 0.5 ml of suspension for injection in a vial (type I glass) with a stopper (elastomer). Box of 1, 61 instructions for use and handling. Verify that the vaccine is clear and colorless. Do not use if the product is turbid. 7 Marketing authorization holder / Sanofi-Pasteur, 2 avenue Pasteur, 69367 Lyon Cedex 07. 8 DATE OF REVISION OF THE TEXT: November 2003, v1.0.

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1. Sehgal S, et al J Com Dis 1995;27(4):36-43

2. Harrison's Principles of Internal Medicine, Volume 1, 15th edition, page 8

3. <http://www.fda.gov/cber/vaccine/revacc.htm> accessed on 22.02.06

4. http://www.who.int/vaccines-access/quality/un_prequalified/prequalvaccinesproducers.html accessed on 22.02.06



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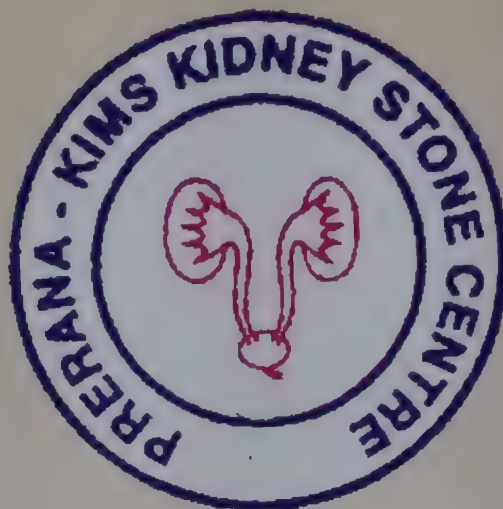
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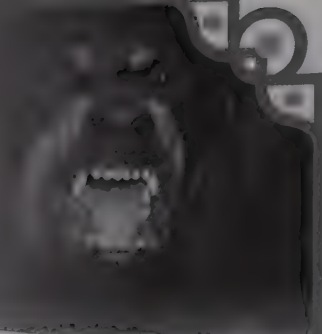
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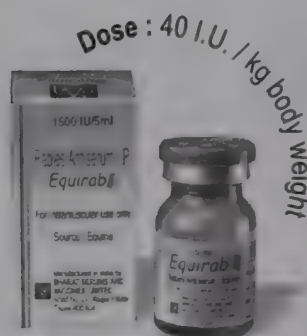
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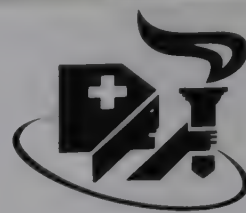


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8th - 11th, January 2009
Catering Plan

08.01.2009, Thursday (Pre conference CME)		
	Time	Catering Venue
High Tea	11:00 AM – 11:30 AM	1 st floor, Dining Hall, KIMS college, BSK campus
Lunch	01:00 PM – 02:00 PM	1 st floor, Dining Hall, KIMS college, BSK campus
Coffee/Tea	03:00 PM – 03:30 PM	1 st floor, Dining Hall, KIMS college, BSK campus
09.01.2009, Friday (Conference Day-1)		
High Tea	10:30 AM – 11:00 AM	Parking place (Cellar), OPD block, KIMS Hospital
Lunch	1:00 PM – 2:00 PM	Parking place (Cellar), OPD block, KIMS Hospital
Coffee/Tea	03:30 PM – 04:00 PM	Parking place (Cellar), OPD block, KIMS Hospital
Dinner	08:00 PM Onwards	Parking place (Cellar), OPD block, KIMS Hospital
Fellowship & Dinner	08:00 PM Onwards	Prakash café Hotel, Chamarajpet (near Minto eye Hospital)
10.01.2009, Saturday (Conference Day-2)		
High Tea	11:00 AM – 11:30 AM	1 st floor, Dining Hall & Parking place (Cellar), KIMS college, BSK campus
Lunch	1:30 PM – 2:15 PM	1 st floor, Dining Hall – <u>Vegetarian</u> Parking place (Cellar) – <u>Non-Vegetarian</u> KIMS college, BSK campus
Coffee/Tea	03:00 PM – 05:00 PM	1 st floor, Dining Hall & Parking place (Cellar), KIMS college, BSK campus
Dinner	07:30 PM Onwards	1 st floor, Dining Hall – <u>Vegetarian</u> Parking place (Cellar) – <u>Non-vegetarian</u> KIMS college, BSK campus
11.01.2009, Sunday (Conference Day-3)		
High Tea	10:45 AM – 11:15 AM	1 st floor, Dining Hall & Parking place (Cellar), KIMS college, BSK campus
Lunch	12:15 PM Onwards	1 st floor, Dining Hall – <u>Vegetarian</u> Parking place (Cellar) – <u>Non-vegetarian</u> KIMS college, BSK campus

Yashwanth Pharma

10.01.2008, Thursday (Pre-conference Day)

Event	Time	Location
High Tea	11:45 AM - 12:30 AM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)
Lunch	01:00 PM - 02:00 PM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)
Conference	02:00 PM - 03:30 PM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)

10.01.2008, Friday (Conference Day-1)

High Tea	10:30 AM - 11:00 AM	Parking place (Central, KIMS college, BSK campus)
Lunch	1:00 PM - 2:00 PM	Parking place (Central, KIMS college, BSK campus)
Conference	02:00 PM - 03:30 PM	Parking place (Central, KIMS college, BSK campus)
Dinner	08:15 PM onwards	Parking place (Central, KIMS college, BSK campus)

Registration & Dinner 08:00 PM onwards
1st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)

10.01.2008, Saturday (Conference Day-2)

High Tea	11:00 AM - 11:30 AM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)
Lunch	01:00 PM - 02:00 PM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)
Conference	02:00 PM - 03:30 PM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)
Dinner	08:15 PM onwards	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)

11.01.2008, Sunday (Conference Day-3)

High Tea	10:45 AM - 11:15 AM	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)
Lunch	12:15 PM onwards	1 st floor, Dining Hall & Parking place (Central, KIMS college, BSK campus)



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

School of Health Sciences

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Indira Gandhi National Open University (IGNOU) is the largest Open University in the world and the apex institution of the country created by an Act of Parliament to lay down the standards and promote higher education including professional education through distance education mode. The Degree/Post Graduate Diploma/Certificate programmes being offered by the School of Health Sciences are:

- **Post Basic Bachelor of Sciences in Nursing**
- **PG Diploma in Maternal and Child Health**
- **PG Diploma in Geriatric Medicine**
- **PG Diploma in Hospital and Health Management**
- **PG Diploma in Clinical Cardiology**
- **PG Certificate in Endodontics**
- **PG Certificate in Oral Implantology**
- **Certificate in Health Care Waste Management**
- **B.Sc. (Hons.) in Optometry and Ophthalmic Techniques**
- **Diploma in Nursing Administration**
- **Certificate in Competency Enhancement for Auxiliary Nurse Midwife/Female health Worker**
- **Certificate in Maternal and Child Health Care**
- **Certificate in New Born and Infant Care**

IGNOU is following walk in admission. For programmes starting in January session, applications are received from 1st June to 30th November and for the programmes starting in July session, applications are received from 1st December to 31st May. The Prospectus for the above programmes can be obtained from the Information Centre, IGNOU, Maidan Garhi, New Delhi-110 068 and the IGNOU Regional Centres located in all the state capitals as mentioned in IGNOU website (www.ignou.ac.in). You can also fill in the online admission form following the guidelines mentioned in website.

Students after successfully completing either of the PGDMCH or PGDGM or PGDHHM programme will be exempted from taking primary examination and would be eligible to appear directly in the final **National Board of Examination for Family Medicine or Maternal and Child Health or Health Administration including Hospital Administration.**

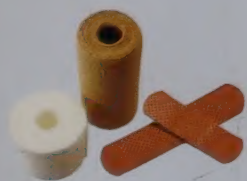
Director (SOHS)

MEDICAL BENEFIT



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MATERNITY BENEFIT (Cash): Maternity benefit is payable to Insured Women in case of confinement or miscarriage or related sickness from pregnancy.

DISABLEMENT BENEFIT (Cash): Disablement benefit is payable to an Insured Person suffering from physical disablement due to employment injury or occupational disease.

DEPENDANT BENEFIT (Cash): Family pension becomes payable to dependant of a deceased Insured Person where death occurs due to employment injury or an occupational disease.

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